HEALTH COMMITTEE
of the
Suffolk County Legislature

Minutes

A regular meeting of the Health Committee of the Suffolk County Legislature was held at the William H. Rogers Building, Veterans Memorial Highway, Smithtown, New York on Friday, **April 20, 2001** at 10:00 a.m.

MEMBERS PRESENT:
Legislator Ginny Fields, Chairperson
Legislator Brian Foley, Vice-Chair
Legislator Martin Haley
Legislator Maxine Postal

ALSO IN ATTENDANCE:
Legislator Jon Cooper, Legislative District No. 18
Paul Sabatino, Counsel to the Legislature
Mary Howe, Budget Review Office
Mary Skiber, Aide to Legislator Fields
Chris Reimann, Aide to Presiding Officer Tonna
Priscilla Smith, Aide to Legislator Crecca
Bonnie Godsmen, IR/County Executive's Office
Dr. Clare Bradley, Commissioner, Suffolk County Department of Health
Bob Maimoni, Suffolk County Health Department
Leonard Marchese, Suffolk County Health Department
Dominick Ninivaggi, Department of Public Works, Vector Control
Leslie Mitchel, Department of Public Works
Adrienne Esposito, Citizens Campaign for the Environment
Erik DuMont, Citizens Campaign for the Environment
Tonia Leon Hysko, Huntington Audubon
Alice Lambert, Women's Advisory Comm.
Dr. Glennie Metz, DFHC, Huntington Hospital
Marilyn Shellabarger, Liaison Comm., Health Centers
Terry Smith, Huntington Hospital
Sally Virtuoso, LICHA
Sister Jeanne Clark, Sophia Garden A Project of Sisters of St. Dominic
Laurie Farber, LI Sierra Club
Albert J. Romeril, Community Advisory Board, East End Health Centers
Robert Vanson, Representing Self
Elizabeth Benjamin, Representing Self
Shirley Morrison, Community Advisory Board – Riverhead
Mary Ann German, East End Health Center
Edna Steck, Town of East Hampton DHS
Walter J. O'Connor, M.D., Advisory Board MLK
Amie Hamlin, NYLCV
Peter M. Sullivan, Nassau-Suffolk Hospital Council

Minutes Taken By:
Kimberly Castiglione, Legislative Secretary

(The meeting was called to order at 10:10 a.m.)

CHAIRPERSON FIELDS:
Welcome to our Health Committee meeting. I would appreciate all of us rising for the Pledge. We will begin with Legislator Foley.

(Salutation)

Good morning. We have quite a few speakers to talk about a couple of different issues. I think I am going to begin with what is on our agenda, and that is the budget cuts to Suffolk County health centers, and we have some representatives. I think I'll begin with Peter Sullivan, if you could step up.

I have taken the liberty of photocopying two articles that you supplied us with. One called A Tough Year for Long Island Hospitals and the other article that we all have before us is Suffolk to Clinics Cut 1.3 Million Dollars.

MR. SULLIVAN:
Thank you Madam Chairwoman and distinguished Legislators and Counsel. My name is Peter Sullivan. I am the President and Chief Executive Officer of the Nassau-Suffolk Hospital Council, which is an association representing the 24 not-for-profit and government hospitals of Long Island, a number of which are affected by the proposed cuts in clinic funding.

I had an interesting experience that I must tell you. I was talking to the CEO of one of our hospitals, and I was asking him what the financial impact of these cuts would be, and he wouldn't talk about it, because he wanted to talk about the impact on the community. Now, historically when I conducted hearings many years ago as a member of the State Assembly on health care, I was interested in the dollar impact of various things that had been proposed because dollar impact is objective, is a number, whereas issues like quality and impact on care are much more subjective. But the CEO was focused on exactly the primary mission of a hospital administrator, which was the quality of care within the community.

Just pulling together some numbers quickly in the brief period of time that I have had to review the proposal, it looks to me like among our hospitals approximately just less than a million and a quarter would be cut out of this program, and that doesn't really give you a full feeling for the impact on the community. And as that clipping that I provided that appeared in Monday's Newsday outlines, the financial condition of the hospitals is very grave, and it means that we do not have the capacity, no matter how great our commitment to preserving the quality of care within the community, to make-up from the losses that would result in terms of support for these facilities. It means reductions in staff, reductions in hours of availability, and therefore an adverse impact on the availability of care, access to care, for people in need. And this is, after all, the most vulnerable segment of the community, that segment about which government really exists to provide service.

The issue is, I think, an unfortunate approach to trying to deal with a major problem that the County has in terms of its budget, but it is exactly the wrong place to go in my view.

CHAIRPERSON FIELDS:
Thank you. Does anyone have any questions?

MR. SULLIVAN:
There is just one other point that I would like to add as a footnote. I have come across a misconception from time to time that the hospitals benefit from this program from the acute care admissions that they get as a result of providing primary care through the clinics. The reason that is a misconception is that number one, the people who end up being admitted tend to be somewhat sicker than the population on average, and more, back to numbers, they tend to be the people who are least able to pay and do not pay. So that if you end up, for example, with 60 maternity deliveries and 20 of them are Medicaid and 40 of them are let's call self pay, which really means no pay, you do not make money on those people. But the reality is that that is the responsibility of the hospital, and we don't shirk from that responsibility. But our capacity to expand to fill in this gap is something that simply does not exist for us at this point in Suffolk County.

CHAIRPERSON FIELDS:
I am glad that you brought that point up. I think it ends up costing us money rather than preventing us from spending a lot of that money. Thank you.

MR. SULLIVAN:
Thank you very much, Legislators.

CHAIRPERSON FIELDS:
Do you have a question?

LEGISLATOR FOLEY:
Thank you, Peter, for addressing us this morning on, again, on short notice, and it is rather short notice for us as well that officially speaking that these cuts were instituted without even first speaking to the different committees of the Legislature to get our thoughts on proposed cuts. These weren't even proposed, these were administratively enacted without any foreknowledge or any advise or any discussion with different committees, whether it is Social Services, whether it is the Health Committee, other committees that will have jurisdiction over other areas that are being cut by the administration.

One of my main criticisms here is that prior to instituting these cuts the administration should have first come to this committee and tell this committee that this is what we are thinking of doing, could you work with us to try to perhaps avoid these cuts, find other ways to save monies. But in this case they went forward first with the cuts, we are finding out about it afterwards, and where it leaves us as a committee is to have to challenge the administration to reverse this very thoughtless decision. And when you speak of a $1.7 billion budget, to have a minor savings of 1.3 to $2 million to come off the hides, if you will, of our health centers, that is the wrong public policy and I am sure that in a size of a budget of $1.7 billion we can find other areas to save money and not do it with the health centers which is the frontline services to literally tens of thousands of residents here in the County.

Let me make this remark to you, if I may, and it is along with what you just mentioned. The fact if we make this cut, it is my understanding – not if we, the fact that the Gaffney administration have made these cuts, it is my understanding there will be a cut in services. If there is a cut in services to the health centers, where will those patients, where will those clients go if not the health centers?

MR. SULLIVAN:
Well, some of them will simply not receive care at all, and in some cases they will recover from whatever ails them, not withstanding the fact that they haven't gotten care. In other instances their circumstances will worsen without primary care and they will end up in the emergency rooms of the hospitals.

LEGISLATOR FOLEY:
That is to the point, the whole, as this committee knows full well, one of the main reasons and missions of the health centers and the network of health centers is not only to provide direct care to the different geographic areas of the catchment areas, but also as a way to encourage people to go to the health centers first as opposed to the more costly emergency rooms. But as we have just heard from Mr. Sullivan, what is going to happen here, and as the Chair just mentioned, it is going to have the reverse affect where in some cases it is going to be more costly care that is going to be given to patients because they won't be able to access the health centers as they currently can.

MR. SULLIVAN:
Perhaps, Legislator Fields, you can answer a question from me. My impression is that these are three percent cuts on the full year's funding, when, in fact, a significant portion of the year has already gone by and so to accomplish a three percent reduction in a 12 month budget in only an eight month period of time will make the cuts even more harsh in their impact.

CHAIRPERSON FIELDS:
I agree with you. What I think we should do is ask, and we probably should have done it first, is ask Commissioner Bradley to come up and maybe give us an overview of exactly how these cuts have been contemplated and how they will affect the health centers. Thank you very much.

MR. SULLIVAN:
Thank you, Legislators.

COMM. BRADLEY:
Hello. Your question was the impact of the cuts.

CHAIRPERSON FIELDS:
Just kind of an overview of what it affects, who it affects, and how it will affect them.

COMM. BRADLEY:
Okay. In terms of the hospital run health centers, it is about a little over 1.2 million. Now, each of the health centers is in different – in a different type of condition or shape. Some of them over the last year or so and currently are working right at their budget, and some of them are going through contract negotiations right now, in particular Brookhaven. So I can't even say with 100 percent assurity what the true impact will be, because when they get a negotiated raise that will also have an impact. The two hospitals that will probably have the greatest impact will be Brookhaven and Southside because as I said, they function close to their level.

Several years ago if you gave us a cut like this it probably wouldn't have affected services because there was usually money that would go unspent, a small percent. We have been expanding services in becoming a managed care provider and becoming Child Health Plus. We have expanded hours. So really we function very close to our budgets.

We have and are in the process of asking the hospitals how they plan or how they could deal with the three percent cuts, three percent over the entire year. But as Mr. Sullivan said, it is spread over a shorter period of time. We haven't gotten back those plans yet, but the options that I foresee is number one, not filling positions. Many of them have vacancies, many of them will be able to make up the loss by not filling the positions. Some may, but I don't have the information on that, may have to layoff people. I don't know 100 percent about that yet. I mean, those are the two ways to do it.

Now, the impact is decreased hours potentially would be one way of doing it. Some may come back and say you know, we had provided this service, we don't think it is as important as some of the other things that we had, we'd like to get rid of that. I can't imagine what that might be, but that is an option that they could say to us. So the end result is what we may see is some increased waiting times.

CHAIRPERSON FIELDS:
Just on that one point. Do you know what the waiting time is in an average health center for two things, an emergency patient and for a person who is just looking to have primary care, possibly preventative care, a physical that might detect some major disease.

COMM. BRADLEY:
I don't have the waiting times in front of me, but my remembrance, and we track them on a monthly basis and we track them for pediatric patients, prenatals, adults, and we track them for new versus established patients and we track it for well visits versus sick visits. Normally when we have a sick patient calling for health care we can usually see them the same day or the next day. Physicals sometimes can go out a month or two, but our concern is more to get the people in who have urgent problems, and our highest priority is often to our prenatals. We don't want them going a long period of time before they come in for their first visit. Some of them don't come to us until the end of the second trimester or even third, so we prioritize them.

CHAIRPERSON FIELDS:
So you are saying a day or two –

COMM. BRADLEY:
For sick.

CHAIRPERSON FIELDS:
Emergency.

COMM. BRADLEY:
Right.

CHAIRPERSON FIELDS:
And you are saying four to eight weeks for someone who is not visibly ill that you know of.

COMM. BRADLEY:
That is physical.

CHAIRPERSON FIELDS:
So now if we have these cuts and there may be the repercussion of an extended waiting period we are now talking instead of 24 hours or 48 hours for an ill patient, longer, and instead of four to six weeks, somewhat longer than that.

COMM. BRADLEY:
Right. We may prioritize and try to put it all on to those well physicals so that we can continue to see the sick people quickly. But again, I haven't seen what their plans are in terms of how they're going to look at this.

CHAIRPERSON FIELDS:
But looking at this in a visionary way or in a, and again, I keep bringing this up every time I speak I guess is that in the County we tend to be reactive and not proactive, and working in private medicine as an administrator in the health care field, I know that when you see someone for a physical and you are doing a chest x-ray or you are doing a mammography or a breast exam or pap smear, and we are talking about cancer, and you and I just came from the American Cancer Society breakfast, we also listened to someone from the American Cancer Society talk about the need to prevent the diagnosis of cancer.

So now we are talking about something that is terribly, terribly important, and that is the person who doesn't know that they are affected with a potentially terminal illness. And we are saying because you don't look physically ill, we can put you off. But they may be more ill than someone with an ear infection or a sore throat. They may be much more ill. The person who is going to come in in 24 to 48 hours isn't going to die very possibly, and I think if we were to look at the statistics, we might see that that is a big population, where the other people that we could treat in a preventative manner we would be, number one, doing a great service, but number two, saving the County money because that person is going to really come back if we could have gotten it early, and I am probably just rambling right now because it is all going through my head, but those are questions that I am not sure are the answers that we are going to be able to handle or the procedures that I think are not in the best interest of the County patient. Legislator Postal, you had a question?

LEGISLATOR POSTAL:
Many of the services we provide are reimbursable, are they not, or State aidable?

COMM. BRADLEY:
Yes, depending on the insurance status of the patient. If they are Medicaid fee for service we get reimbursed per visit. We are a managed care provider so we are required to provide those services and we get capitation. Every month we get a per visit amount. And on the uninsured we get some bad debt. So, most people we get something back, yes.

LEGISLATOR POSTAL:
In the case of that aid that we get, is that dependent on a local share, like is it contingent on the County providing (x) number of dollars in order to get (y) number of dollars back from the State?

COMM. BRADLEY:
For fee for service, for those patients that are fee for service Medicaid, there is a local share, it is 25%. But again, if they say they can't get into us, they will go see somebody else, so the County is still going to pay that 25%, it just may not be to the County Health Centers. Then there is the State aid.

MR. MARCHESE:
What we get on the net deficit –

CHAIRPERSON FIELDS:
Excuse me. Can you identify yourself for the stenographer?

MR. MARCHESE:
My name is Len Marchese. I am the head of finance for the Health Department. What happens with the health centers is in addition to billing Medicaid or third party health insurance, we also are entitled to State aid on the balance, if you will, of what is not direct reimbursement from insurance companies. So on that amount we are entitled to on a gross basis 36% on what is called the basic core services. On optional services we are entitled to 30% reimbursement from the State.

LEGISLATOR POSTAL:
So that a three percent cut in funding in the contract would also entail reduction in State aid and – let's just leave it at that, State aid. And we had this discussion yesterday in the Finance Committee because we asked the County Executive's Budget Office to come back to us with a more complete I guess rundown of what the fiscal impact of a cut of three percent to contract agencies would be in terms of loss of federal and State aid.

There was another issue that came up and maybe I am jumping around because I am going to forget what I wanted to say. But you mentioned that one of the ways that the hospitals could address the cut would be to curtail hours, and as I recall, when we became a managed care provider, one of the things that we were I think actually required to do is to have certain hours of operation, increased hours of operation. So that I would imagine the hospitals would be restricted with regard to how much flexibility they could exercise in controlling hours. Would that – is that true?

COMM. BRADLEY:
It is true, but there may be some leeway there. But what would happen is if you do cut hours, then you will see more patients going to the emergency room. Now, that is going to affect the hospitals in one way, and if it is a Medicaid managed care patient we have to pay for that emergency room visit. So that ramifications besides just the decreased access –

LEGISLATOR POSTAL:
Without getting the revenue.

COMM. BRADLEY:
And having to pay for it.

LEGISLATOR POSTAL:
One of the other things that obviously if we have long waits, because we have been through this before, I mean, I remember this. One of the things that is of concern now, and we were not a managed care provider when we had a similar situation with people who had difficulty getting appointments during the first trimester of pregnancy back in probably the late 80's and early 90's. But now as a managed care provider, I would imagine that if we have got a long wait we could face situations where people would disenroll in Suffolk's plan and enroll in other plans, which puts us right back into the dangerous position we were in which is why we became a managed care provider in the first place.

I have another question, though. Something came up yesterday which had been resolved and it actually came up when the cuts were first imposed and had been resolved because contract agencies were being cut three percent on their bottom line budget which included State and federal aid. I understand that it was called to the attention of the County Executive that that is illegal, we can't do that, and there was a negotiation which resulted in I guess an agreement that that three percent – and you and I had spoken about this because I had called to ask about this. And I am wondering whether in the case of the hospitals for the health centers whether they have been issued a three percent cut on their bottom line or only the County portion of their funding.

COMM. BRADLEY:
The original cut was on the total budget, but we are not going to be removing the 100% State and federal money and then taking the three percent on that.

LEGISLATOR POSTAL:
Okay, but there is still the question then of what – I think that yesterday, and Paul Sabatino can refresh my recollection or Martin Haley, who was also in the committee, that they had determined that the cut would be three percent of the County funding or I forgot what the other figure was, whichever was less. Do you remember that being said?

LEGISLATOR HALEY:
I have the same memory problem.

LEGISLATOR POSTAL:
And we don't even sit near each other. There was some – apparently there was some negotiation that had been worked about that was more fair – nothing is fair, but more fair.

LEGISLATOR HALEY:
The best I could – they are readdressing the entire situation, which is what we are concerned with. If we are -- just from a policy perspective, if they are just going to say three percent cut across the board, I think what they need to do, and I think you said it earlier in a private conversation is when the Commissioners go back to them and have to build in the flexibility to make up for the fact that we don't want to lose federal and State dollars under any circumstance, whether it is 100 percent, 75 percent, or whatever. So I know that there is a retake I think on the whole approach.

LEGISLATOR POSTAL:
Can I ask if the Chair – because one of the things that we asked Ken Weiss was to come back to the Finance Committee at its next meeting with some additional information about the total impact of the proposed three percent cut in terms of the impact on other sources of funding, State and federal aid. I don't know that he is going to do that for the health centers as well, so I think we need to have that information with regard to the health centers and we probably would want him to come to the next meeting because we probably would have questions based on that information that he would provide us.

CHAIRPERSON FIELDS:
When was this money actually going to be withheld? How?

COMM. BRADLEY:
The money was already removed about a week or two ago from the budget lines.

CHAIRPERSON FIELDS:
From the budget lines, but it hasn't actually physically happened yet with the hospitals –

COMM. BRADLEY:
It was removed. So if you go into the IFMS system, it is minus three percent.

LEGISLATOR FOLEY:
And now we are being told it is illegal to do it?

CHAIRPERSON FIELDS:
Right, because it was three percent of the whole complete figure and it was representing three percent of federal and State money that you can't do that to.

LEGISLATOR FOLEY:
Can I follow-up?

CHAIRPERSON FIELDS:
Let Maxine finish.

LEGISLATOR POSTAL:
Besides which another thing that we found yesterday, because originally when we saw – when I saw the resolution, the number of which I can't remember, that empowers the County Executive to make a five percent cut in consultant contracts, three percent cut in agencies, contract agencies, and three percent in all programs that are not 100 percent federally funded, I called our Counsel and asked why because he has the jurisdiction to do that without a resolution of the Legislature.

What was clear yesterday in Finance when I think I asked the question of Ken Weiss was that yes, he has the jurisdiction to do that, and he can do it on his own, but there were certain contracts which were entered into and signed by March 20th, which was the State of the County Address, and in the case of those contracts which had been signed, the approval of the resolution of the Legislature is necessary for him to go forward. So I would be really curious about whether the money was removed in the case of the health centers which already had signed contracts. And obviously we haven't acted on that resolution. I think if that was the case it wouldn't have been a little premature.

COMM. BRADLEY:
We don't have signed contracts for all of the health centers currently.

LEGISLATOR POSTAL:
Do we have them for any of them?

COMM. BRADLEY:
Yes. Through June.

CHAIRPERSON FIELDS:
What happens if there is not a contract? How does that affect them?

MR. MARCHESE:
They are on extensions. They had previously had contracts so that – they technically do have contracts, but they are on extension. So they have wording in the contracts that allow us to perpetually extend these contracts with the agencies until we renegotiate on a regular basis.

LEGISLATOR POSTAL:
So if I could ask our Counsel to follow-up on that. If the hospitals have contracts that go until June, or if they are operating on a contract extension, then am I right in assuming that we would have to approve the resolution in order to implement the three – or in order for anybody to implement the three percent cut.

MR. SABATINO:
The administrative code gives the County Executive the authority to cut up to ten percent if it is within an appropriation and within a department. Quite frankly I thought the reason for the resolution was he just wanted to show that it was the County of Suffolk that was making the cuts for perception purposes, not for legal purposes. I am not really aware of what the legal argument is to necessitate a vote. I mean, it is good to have the vote because at least it involves the Legislature in the process, but the administrative code, which is a local law,

does give them the authority up to ten percent.

LEGISLATOR POSTAL:
And I recognize that Ken Weiss is not an attorney, and he was the person who responded to the Finance Committee yesterday in giving me that explanation.

MR. SABATINO:
The only thing I can think of, in fairness, is that this has been an ongoing issue. Is that the way the administrative code is written it talks about ten percent within allotments and the truth of the matter is we don't have an allotment system in Suffolk County. So perhaps the concern is that because there is no allotment system, that ten percent provision doesn't really trigger because you can only do the ten percent against an allotment.

People ask what is an allotment. It is a good question; nobody seems to know because we asked this question about ten years ago. An allotment is supposed to be like a segregation of the money, but it really doesn't happen. So it could be that they are concerned about the allotment question which is what is forcing the vote.

LEGISLATOR FOLEY:
I am anxious to pick up on that remark. Then they seem to be really splitting fine hairs here if some health centers or hospitals are being held to this three percent immediate cut whereas others are awaiting legislative enactment, is that correct? Is that what you have been told?

COMM. BRADLEY:
Say that one more time?

LEGISLATOR FOLEY:
That they are splitting fine hairs here where some health centers have already been immediately cut –
COMM. BRADLEY:
They have all been cut.

LEGISLATOR FOLEY:
They have all been cut.

COMM. BRADLEY:
They have all been cut three –

LEGISLATOR FOLEY:
Well then what contracts have been signed that would require legislative approval to make cuts, is what you said earlier.

COMM. BRADLEY:
My understanding has changed multiple times over the last couple of weeks.

LEGISLATOR FOLEY:
And the record should also reflect that certainly these aren't cuts that you had initiated. These are cuts that had come down from the Budget Office, and I think that should be stated clearly for the record. But go ahead, please.

COMM. BRADLEY:
My original understanding was that if there was not a current contract, then the cut would occur and that if there was a contract, then something different would happen. What has happened is that the three percent have come from all of the contracted agencies, whether they are contracted or not.

MR. MARCHESE:
I would like to clarify one other point.

LEGISLATOR FOLEY:
Before we clarify, just through the Chair, it might be helpful for us as committee members if you could give us the letters that you had sent to each of the hospitals and each of the health centers as to what the cuts are. Because right now we are hearing 1.2, 1.3, but we don't have as a committee the specific cuts that you have directed which we are now being told are illegal because it is the bottom line number that you had asked them to cut as opposed to taking out the State aid and federal aid, which I am going to get to in a moment as to why that omission was made. But before we go any further, do you have with you copies of the letters, Mr. Marchese, that you had sent to the different health centers and the different hospitals so we can ask some intelligent questions here as to how you derived the cuts for those different institutions.

MR. MARCHESE:
I don't have copies of the letters.

LEGISLATOR FOLEY:
Why don't you have them with you?

MR. MARCHESE:
It is a form letter. I have the amounts that were sent to each contract agency.

LEGISLATOR FOLEY:
All right. Before we go further, do you have that on paper now that you can give to us?

MR. MARCHESE:
Yes.

LEGISLATOR FOLEY:
All right. Could you please do so.

MR. MARCHESE:
Can we have someone make copies.

LEGISLATOR FOLEY:
You know, in order for a committee to ask intelligent questions, we need the information in front of us. So if we could please have that copied, if you could have staff copy that. Mary, could you please copy that?

Now, while we are waiting for that to be distributed, why was there a mistake made in the bottom line figure?

MR. MAIMONI:
Could I clarify?

LEGISLATOR FOLEY:
Absolutely, please. That is why we have a committee system, to clarify, to reveal.

MR. MAIMONI:
The contracts that Suffolk County has with its community hospitals that operate its health centers are in different states of negotiation. Two of the contracts were not signed yet. They went to the County Executive's Office to be signed, they hadn't been signed yet, and because they weren't signed, they were returned back to us to be amended to incorporate this cut. The other contracts had been extended and we are moving forward to amend those contracts to reflect the cut.

An interim measure, not withstanding the contractual obligations and what was going on there, Budget Office removed three percent of the available appropriations – of the appropriations in those accounts. Forgetting about the contracts for a second, the money has been taken out of the accounts, so that there is two different things happening at the same time. It wasn't like the money was taken out of contract. It was taken out of the

appropriations. Contracts are a separate issue that we are dealing with.

LEGISLATOR FOLEY:
How can you take money out of appropriations before you have a contract?

MR. MAIMONI:
Because they just transferred the money out. We didn't have control over that process. What you have to appreciate is that the Department of Health has in excess of 2,000 contracts. All of those contracts are impacted some way by this, and we had to send letters to all of those providers to advise them as to what was going on. And it hasn't been an easy process, as you might imagine. Just the phone calls that you can set off when you send all of these letters out become an enormous workload.

LEGISLATOR FOLEY:
We understand, certainly I do, and I am sure the other members, that these cuts have been foisted upon the department. These are not of your own doing, and the fact of the matter is where the problem lies is not certainly with the Health Department as it is with the Executive's Budget Office that is requiring these cuts.

At any rate, if we could just go along – if we could hear from Mr. Marchese or from you, Mr. Maimoni, or Commissioner Bradley, of what are the directed cuts. As we now know you may be amending them, but for the purposes of discussion today, what are the cuts that are being – that the different hospitals are being directed to undertake.

MR. MAIMONI:
At this juncture we have not directed the hospitals specifically to make specific cuts. We have written to them and said we are reducing your contract by three percent, give us your input which we thought was appropriate to ask the hospitals for their input in the best way to reduce their contractual relationship that would minimize the patient impact. We didn't want to take a meat ax and say okay, we are going to just shut everybody down three percent and that is it, because there may be ways the hospital administrators who operate these health centers know more about their day to day operation than we do in Hauppauge. So we were looking for their input before we implemented the cutting.

LEGISLATOR FOLEY:
Why would the Budget Office have you move forward with a cut prior to speaking to the different contractors, or contractees, on other ways of maybe trying to find money. The point that I am making -- and I think we don't disagree. The point that I am making is that the process that has been followed, that you have been required to follow where the Budget Office first makes the cut and then says to you well, then work with the different contractors. But I don't want to go – what I want to do now, here is what I wanted to do.

MR. MAIMONI:
We've been down –

LEGISLATOR FOLEY:
Mr. Maimoni, what I want to do now is the different health centers and hospitals in my district, in other districts, have received a letter. I want to hear on the record from the department the amounts that were proposed, not proposed, that were directed to be cut from their budgets, okay. From there we can ask other questions as far as with this new revelation that these are the wrong numbers, what are the real numbers that need to be cut. But first I want to have a ground floor level – let me finish.

CHAIRPERSON FIELDS:
Wait. I think he is asking wrong numbers on State and federal money bottom line.

LEGISLATOR FOLEY:
I want to have a ground floor level as to what was sent to the different health centers and hospitals and use that as a departure point to ask some other questions. Could we please have that, Commissioner?

MR. MAIMONI:
We can call over to our office and get a copy of the letter that was sent to the hospitals over here for you if that is your desire.

LEGISLATOR FOLEY:
That would be helpful, too, but we do have numbers here, and I want to hear from the Commissioner about these. Tell us on the record what are the different cuts that have been directed to the different centers. For my purposes let's start with the ones in my district and then we can flow and go to the others. What have you directed the Brookhaven Hospital to cut in Southeast and Southwest?

COMM. BRADLEY:
$412,500. Now, that's what they were directed. As I said, we have gone and we have removed 100% money so that that will come down somewhat.

LEGISLATOR FOLEY:
Would you have an idea, Mr. Marchese?

MR. MARCHESE:
408,720.

LEGISLATOR FOLEY:
408. This is the revised annual. Have you sent –

MR. MARCHESE:
No. We just got these numbers worked out yesterday afternoon.

CHAIRPERSON FIELDS:
Please use the microphone.

MR. MARCHESE:
No, we just got these numbers worked out yesterday afternoon. This was kind of a late inning change –

LEGISLATOR FOLEY:
This change was made after yesterday's Finance Committee meeting? When was the Finance Committee meeting yesterday? Oh, it was the morning, so these changes were made after the committee. Okay, so changes were made.

CHAIRPERSON FIELDS:
But wait. Does this reflect the fact that this is not affecting State and federal money?

MR. MARCHESE:
Yes. In some of the hospital contracts there was pass through money that was part of it that we have exempted out of the cut, and that is what that reflects. So it has already been changed in the IFMS system, but again, it takes us a while because of the administrative process to get all letters out and amend contracts and budgets and whatnot so we are still in the process. It takes us a little while to get all that stuff done.

LEGISLATOR FOLEY:
Okay. So looking through, it is $408,720 for Southeast and Southwest Brookhaven Clinics; correct?

COMM. BRADLEY:
Correct.

LEGISLATOR FOLEY:
Now can you go down the other lists, please?

COMM. BRADLEY:
Southside is 357,792, and then the new number is –

LEGISLATOR FOLEY:
339,373? This is nothing to laugh about, ladies and gentlemen.

COMM. BRADLEY:
I'm sorry. We are not laughing about the issue.

LEGISLATOR FOLEY:
I hope not. I know you are not, Commissioner. If you want to say to say part of the farce, part of the farce here is in a 1.7 billion budget they are asking the health centers to cut $1.3 million which to me is the wrong area to make the cut. But anyway.

CHAIRPERSON FIELDS:
Where is Southside listed?

LEGISLATOR FOLEY:
Islip Health Center.

MR. MARCHESE:
339,373. They happen to have more pass through money than your other center.

COMM. BRADLEY:
Next is the North Brookhaven Health Center which is Stony Brook. That is $126,471.

LEGISLATOR FOLEY:
Is there a reason why – well, it is because of the overall –

MR. MARCHESE:
There is no pass through money with that contract.

COMM. BRADLEY:
And it is only one health center. Brookhaven runs two health centers, the mammography van. Southside runs two health centers and the CI satellite as well.

CHAIRPERSON FIELDS:
Can I go back? You said the mammography van. Does this affect the mammography van?

COMM. BRADLEY:
It is included in that contract. Again, we have asked –

CHAIRPERSON FIELDS:
In what way? How would that affect the mammography van?

COMM. BRADLEY:
It was included within the contract, in the contracted amount that removes three percent. We have asked Brookhaven to tell us how they want to deal with the three percent cut. And again, they are going to say to us this is what we want to do. We are going to say whether it makes sense from our perspective. We are going to work with them.

LEGISLATOR FOLEY:
So let me get this straight then, especially from, again, maybe not from the Health Department but certainly from the Executive's Budget Office. With all of the luncheons that have gone on, breakfasts, dinners, photo ops, about trying to fight breast cancer, there is a proposed budget cut from the County Executive's Office on all contracts, and as you just stated, it includes the mammography van. You know, this is where the rubber meets the

road. You can have luncheons all the time. You can have people – I haven't asked anyone from the Executive's Office to speak, so they can please sit down. I want the attention here, over here. You can speak later, Bonnie. The attention is over here for the Legislators.

Before you speak, and again, this is not a criticism of the Health Department. But, you know, I get invited all the time to different nice events for proclamations, for luncheons and the rest, but the real work is done with the mammography van. And what we are hearing today on the record, and there is no way to refute this with the letters that have gone out so far, that all contracts are being cut, have been directed to be done, and that includes the mammography van which is run by the health center in my particular legislative district and I find that outrageous. Not outrageous towards the Health Department. It is outrageous towards those who have taken this approach of a blanket cut all across as if all are equal when they are not all equal.

So now we are going to hear, again, because of revelations through this committee, of how the administration is going to reverse that cut. But the fact of the matter is if we didn't ask the questions, that cut was going to go through for the mammography van. So people can have all the luncheons they want, but when it really comes down to providing the service, well, that's evidently a whole different matter. How are we going to be told now how we are going to exempt the mammography van? It is not directed to the three of you.

MR. MAIMONI:
Legislator Foley, there are two issues here, though, and you have to appreciate it. This is not the first time that the Suffolk County Health Department or Suffolk County Government has gone through a two or three percent across the board cut. Whether it has been the Executive or the Legislature it has happened in the past. The Legislature has done it to us in prior years.

We did not look to cut the mammography van per se. What we did in each instance as we reached out to the hospital administrator and said look, let's talk about how we are going to implement these cuts so that the pain would be as minimal as possible. No action has been taken by the Health Department or by Brookhaven Hospital to stop the activity of that van at this point in time.

CHAIRPERSON FIELDS:
Dr. Bradley, are you finished with kind of your overview?

COMM. BRADLEY:
There is more.

CHAIRPERSON FIELDS:
Legislator Haley has a question, I believe, but can I interrupt one second before I give it over to you. Some of these questions I think are really directed at the hospital administrators and we have some people here who I think can answer us intelligently about how it is going to affect them or how they foresee this affecting them. But maybe, Dr. Bradley, if you give your overview, then we will go to Legislator Haley, and then maybe we will go to some of the hospital administrators.

COMM. BRADLEY:
Just to be complete I wanted to finish the rest of the hospitals. The Good Samaritan Hospital cut is 154,353. Then there is Huntington Hospital which is 64,000, and Central Suffolk which is 14,000, and that is it. That is the hospital cuts.

LEGISLATOR HALEY:
Thank you. Mr. Maimoni, in your experience, have you seen in the past where there is a County Executive initiative or a Legislative initiative to say all right, we are going to cut across the board two or three percent, has it been your experience that when you've come back and said listen, maybe I can do four percent in this area but I can do zero percent in this area, that at the end of the day there has been some flexibility by either the Legislature or by the County Executive?

MR. MAIMONI:
Yes.

LEGISLATOR HALEY:
Okay. Now, what I did is I called Ken Weiss to get that information for you, Legislator Postal. He said that they had modified their approach to say that whatever is less of either a three percent cut in County contribution or a three percent cut in the contract, but whatever is less. So obviously they are building in some flexibility. His concern was, and I asked him point blank, are you giving the various departments the flexibility to come up with the specific cuts or are you just telling them three percent across the board. He said that he is somewhere in between because some of the problems he has, for instance, in supplies where they want to cut 10 percent or equipment they cut 25 percent, he says as the particular division may decide to make a cut in one area but he extends that to the impact it may have in the following year.

For instance, to reach the short-term goal of three percent, it may turn into an additional expenditure in the following year, so he wants to be cautious in that regard. So beyond that, he obviously is flexible with the input that comes back from the various divisions.

So I think what's happened is that it raised this initial approach of cutting everybody three percent has raised a consciousness of what we need to do in the County and start looking at what we could do with the possible shortfall in the year 2002, which estimates have ranged from anywhere from 115 million to 160 million. And, you know, I have an initiative here today, $100,000 that was going to the {Fortune Isle} Breast Health Center which they want to reduce from 100,000 to 97,000. Of course I don't like that, but I do think that at the end of the day we need to go across and look at all of those issues and give the departments the opportunity to try to build in the flexibility, but as Ken Weiss said to me on the phone, he says I have to come up with anywhere from 115 to 160 million, somewhere along the line, and this the start beginning of the process and I think it is healthy.

The only other comment I really have is I was concerned with Legislator Foley castigating this gentleman for not having certain pieces of information here. I think the problem we have sometimes is we expect someone from the departments to come up here and carry their entire set of files with them, and I think that is not possible. I think the best that we could hope for unless we specifically ask them for information to be brought, the best that we could hope for is that they could characterize what is going on in their various divisions. Thank you.

CHAIRPERSON FIELDS:
Commission Bradley, why don't you stay there perhaps and I will invite some of the hospital administrators to come up. Who would like to be first, or should I just pick one? How about Ted Jospe from Southside Hospital. Why don't you all come up, Richard Margoles from Brookhaven Hospital. I think Peter Wang is here from Dolan Huntington Hospital. Why don't you all come up if you are from a hospital. Then maybe we could pass the microphones to that direction and Bob, pass the microphone down. Or maybe the Health Department can just sit in the first row or something if we don't have enough room. Thank you. Introduce yourself first for the stenographer and then I guess we will go to you, Ted.

MR. JOSPE:
My name is Ted Jospe. I am the President and Chief Executive Officer of Southside Hospital.

MR. MARGOLES:
I am Richard Margoles, Vice President for Operations at Brookhaven Memorial Hospital Medical Center.

MR. SMITH:
I am Terry Smith, administrator of Huntington Hospital Dolan Family Health Center.

MR. WANG:
I am Peter Wang from Martin Luther King Health Center, Administrator.

CHAIRPERSON FIELDS:
Thank you. Ted. Should I ask a question?

MR. JOSPE:
Well, perhaps you would accept a stream of consciousness from me. I did not come with prepared comments, but I do have some very heartfelt observations that I would like to share with the Health Committee.

CHAIRPERSON FIELDS:
Thank you.

MR. JOSPE:
Our relationship with the County in reference to the issue of the provision of family health center oriented care, primary care, goes back to 1970, 1971. Prior to that, for those of you who don't have the institutional memory about how this relationship was put together, my understanding of it is essentially as follows.

In the 1950's your predecessors and Mr. Gaffney's predecessor had the quandary about the public's health as far as it related to the residents of this County and how should the public's health in fact be upgraded and taken care of in its both preventive and acute phases. They looked to the west and they saw that Nassau County had its own hospital. And I suspect after a great deal of examination and discussion a conclusion was made by your predecessors that this County could not appropriately site a County hospital, where would you put it and who would it serve. If you picked the geographic center of this County, you would be serving trees in a Pine Barren somewhere between here and Riverhead, and that didn't make a lot of sense. And so with the input of the Health Department and your predecessors, a conclusion was reached that a network of facilities to provide this primary care would be the best approach.

I would commend the people who made that decision because from my own personal administrative perspective this was exactly a bull's eye as far as Abraham Lincoln's philosophy of what it was that you are supposed to do as the government. You are supposed to do for the people that which they cannot do best for themselves. And in those areas where they can do for themselves, you are not to intrude. But this was clearly a thing that we the people could not do for ourselves, and so the obligation, and I view it virtually as a holy obligation, was to care for these primary needs of people who could not otherwise provide this service for themselves. And so I commend the people who made that choice.

Once you hang out that shingle and you have done so and you have replicated the shingle so that you have nine or ten of these places now, that shingle says y'all come. It says we are the providers of good quality health care for we the people. And there was a meshing, at least from my institution's perspective, and not to speak for my compatriots, but from their institution's perspectives as well, that this was right down Broadway as far as our own mission vision and values were concerned. Here is a way that we could participate with the government to provide for the people something that they needed and required. And we have been, I would propose, immensely successful, although there is very considerable room as far as current and future need of we the people to be able to receive this kind of care.

Now what we have, and in fact we have had reasonably minimal incursions in the past, but essentially a shirking, an erasure if you will, of some part of the sign that says y'all come and we will take care of you. It makes the offer in a fashion a little disingenuous. It is not to say that we don't continue to provide care, but we are not going to make it as convenient for you to receive care. We are going to limit your access to this care. We are in some other fashion going to impinge upon your ability to get the care that (a), you want, (b), you need, and (c), there is not a likely good other place for you to go to to receive this.

Therein lies a little bit of the I would say significant dilemma for people who sit in my seat and the gentlemen who are sitting next to me. What do you do? You can't really chop off three percent of some things. It probably makes no sense to chop off three percent of everything, and so what kind of responses do we have. Well, essentially we take a look at the services and the quality of the services and the accessibility of the services and the availability of the services as a sort of menu, and you go down the menu and we are now engaged in the process of doing that menu/examination and we will pluck from that menu certain items that individually will be more than a three percent affect so that we don't make assinine kinds of decisions – as a for instance, let's shut down the mammography van. That would be you picked too many from column (b) when you do that. You have to have a better understanding of the menu before you make a choice like that. The difficultly now is going through that exercise.

There is a lot of additional ripple that comes from an incursion like this, because the realities are that we the people don't get three percent less ill just because there is a budgetary difficulty. In fact, if that budgetary difficulty has enough other ripples, they get more ill, not less. Certainly I guess it is within the realm of possibility that their illness remains the same, but generally speaking this is not going to improve matters terribly.

So, what are some of these ripples. If we choose from our menu to limit access to the clinic by closing down the clinic an hour or two or three early or wipe out Wednesday nights or do some other kind of thing like that, then the people who would otherwise come there to receive care have their own menu to go through. (A), is my child's sore throat really so bad that perhaps a little scoop of ice cream or a drink of cold milk might alleviate this child's symptoms, or is this child going to really cook along and have something that may turn out to be somewhat more horrific than just a sore throat. So they have this quandary and generally what happens is that people who are uninsured tend to use the health provider community about 50% as often as their compatriots who have insurance. So the likelihood is they postpone the care or just simply don't get the care.

If you follow that decision tree down further, they may get better by themselves, they may stay the same, or they may get worse. Worse to the point where on an immediate or emergent basis they inappropriately wind up in my emergency room. Now we went from a reasonably not terribly costly episode of care that was a continuous or a piece of care along the continuum of care whereby they had a certain constancy and consistency of where they went and who saw them, to a totally discontinuous off of left field or out of left field kind of care in my emergency room where nobody knows them and they are going to come with this acute problem at an incredible multiple of how expensive the whole process is.

So, they come, they will get episodic, non-continuous care, very expensive, and if in fact they are Medicaid recipients, I think what the County just did was in fact shoot itself in some body part. They just went from a much more reasonable rate of expenditure to one that is much less reasonable. Leaving aside the issues of the other balancing funding from both federal government and State government, so a rising tide lifts all ships so to speak. Everybody gets to pay more for my now perceived outrageous fee of discontinuous care in an emergency room. That's kind of the ripple for the person who is affected.

The ripple from my institution is as often as not, these people are going to be getting this expensive care and not, in fact, paying for it. Well, once that happens we have just now done something that perhaps is clever from a governmental management perspective but is horrific from my perspective, and that is that you have just now shifted a legitimate burden of yours to become a burden of mine. The fact of the matter is my mission vision and values are not going to allow me to shirk or shift that burden anyplace else. I am going to eat this.

At some point in time, my fiscal health suffers, and you have those articles. As it turns out on that particular occasion for the first time in a great number of years Southside was on the right side of that column instead of the left side just in terms of our particular circumstance. But there have been many, many, many years where we were on the wrong side of that particular delineation. So, the fact of the matter is we now have a governmental burden shift that is, quite frankly, very difficult. And in a philosophical sense violative of what it is that

Abe Lincoln thought was a good idea in terms of defining what the government's responsibilities really ought to be in matters such as these.

My apologies for being somewhat rambling, but my viewpoints are very heartfelt and I think that this is a very upsetting circumstance that will not service the community's health status in any positive fashion whatsoever.

CHAIRPERSON FIELDS:
I will not forgive you for being so rambling because I think what it did is it was an excellent, articulate presentation of exactly what everyone really needs to hear and in laymen's terms so that they can understand it, that it is not just an exercise in trying to balance a budget in the government. Thank you very, very much. Who would like to speak next?

MR. SMITH:
I am Terry Smith from the Huntington Hospital Dolan Family Health Center. I have been asked to read a brief statement from the administration of Huntington Hospital.

"Legislator Fields and members of the Health Committee. Thank you for the opportunity to comment on fiscal policy and budget developments that pertain to the operation of health centers throughout the County, including the Dolan Family Health Center which is owned and operated by Huntington Hospital.

As you know, the health center was founded as a result of a collaborative effort between the County government and the trustees of Huntington Hospital. Its mission is to provide primary health care services and preventive medical services to the working poor and medically under served residents of the Township of Huntington.

To achieve this important goal Suffolk County has agreed to contribute $2,134,000 during calendar year 2001 towards a total expenditure of over $5 million. The health center exists to provide affordable comprehensive ambulatory health care services to those otherwise unable to access the care they need. It does not compete with private practitioner, but rather serves as a safety net for the medically under served and the indigent.

Like other health centers operated by Suffolk County Health Department, wellness, health education, health promotion, early detection of disease are strongly emphasized as a comprehensive approach to adults, children and pregnant women. The Dolan Family Health Center has recorded nearly 24,000 visits during 2000.

Affordable primary care for the medically under served is not an extravagance, it is a necessity. The proposed spending cuts together with significant losses anticipated as a result of New York State's mandated Medicaid managed care initiative will have a crushing impact on the vital health care services for the poor in our health center.

During fiscal year 2000, the Dolan Family Health Center expenditures exceeded income by $552,000. This negative operating margin amounting to 10.8 percent was subsidized by Huntington Hospital at a time when the hospital's finances, as reported in the April 17th issue of Newsday, have seriously deteriorated. We are no longer in a position to make up bigger deficits incurred as a result of uncompensated care. Slashing health center budgets will hurt the poor and the medically indigent, many of whom who include children.

Frankly, I am surprised and astounded that the County is considering cutting health care services that are provided to low income families who have come to rely on these services in these centers for basic health care services. These unexpected and unbudgeted cuts will very likely result in curtailment of services. This would translate into staff reductions which would limit the number of patients that can be treated, increased workload on already overburdened professional care givers, and longer waiting time in overcrowded health centers for patients. The families we serve deserve the same standard of care that we ourselves expect and we urge you to support the commitment we have made to them.

Recently we were informed by the County that the care of tuberculosis patients previously

provided on-site by the County Health Department providers will now be the responsibility of the health center. This mandate which carries with it additional cost, will not be reimbursed by the County. We cannot absorb these unfunded mandates and the proposed budget cuts without reducing the level of service and impacting the quality of patient care.

Huntington Hospital is committed to continuing to work collaboratively with the County to provide the best possible health care services for those who have come to depend on us for their basic health care needs. We understand that these are challenging times, and that the complex budgetary issues can be very difficult. Notwithstanding, we believe that it is critical for the County to support the commitment that we have jointly made to those who depend on us for necessary health care services. Any further underfunding which fails to meet actual costs in providing services will undoubtedly result in reductions of currently available services. Thank you.

CHAIRPERSON FIELDS:
Thank you. I have a question for Dr. Bradley or anyone in the Health Department, just a quick question. When HMO's left Suffolk County I would imagine you have a listing of how many senior citizens were involved and how many up-to-date since that happened for the first quarter maybe. How – I am just thinking as we are listening to everyone, did that cut – did the HMO's leaving suddenly change in the health centers where you now see more senior citizens than you did before?

COMM. BRADLEY:
Traditionally we have seen about 7 to 10 percent of Medicare beneficiaries in our health centers, and when Medicare managed care came on the scene that went down a little bit. Now, we have seen a little rise, but I don't know if it is statistically significant yet. But it is something we'll keep an eye on and I can let you know. I haven't seen huge numbers of the seniors coming to us.

CHAIRPERSON FIELDS:
Because I am thinking if this is going to really happen, and I am certainly hopeful that it won't, we are now not only slapping the senior citizens, but now we are punching them. Rich.

MR. MARGOLES:
Thank you very much. Good morning. Thank you for the opportunity to be here this morning. I would like to thank Mr. Jospe and Mr. Smith for laying the foundation to the discussion. I think they have done that in a very vivid way.

Brookhaven Hospital has a 30 year relationship with the Suffolk County Department of Health in providing services through two health centers, the Marilyn Shellabarger South Brookhaven Health Center East Health Center in Shirley and the South Brookhaven Health Center West in Patchogue. Our two primary care comprehensive centers are fully accredited by the Joint Commission on Accreditation of Health Care Organizations.

We take a lot of pride in being able to provide quality services to our community. We have always had the support of this Legislature, the County Executive, and certainly the Health Commissioner in putting forward programs and service that best serve the communities that are unique to each of our hospitals and home bases that meet that community's needs.

When I think back about the budget issues relating to the County health centers, or our health centers, I can only recall one reduction that took effect, and that was in 1989 when we were not able to proceed with a community health and education and outreach program. That reduction resulted in the layoff of some very competent highly involved staff and the end of services in our health centers. And thankfully when I look back that is the only time that I can recall when instead of moving forward we may have taken a step backwards. What concerns us first and foremost is the result of a reduction in the health center budgets. We are all juggling multiple financial issues. We are all juggling multiple staffing issues, the ability to recruit, retain qualified competent people to our organizations. We are now at a

point where we may have to make some decisions about not having some of those people in our workforce and the impact that will have on our community. We all speak from, I think the position of being mission driven and very connected to our community and really having our hand on the pulse of that community and its needs.

What will happen, though, is access to health care in our communities will change. We will no longer be able to provide a seven day a week network or extended evening hours. So what, somebody may say, and I don't mean to be quid about that question, but that is something that has uniquely become part of the character of our health centers. Our health centers are there for the working poor, the underinsured, the people who do not have insurance. And as Mr. Jospe said, they have sought out those services. They feel comfortable, they have a primary care provider, they are connected in care that is contiguous and there is continuity to it.

We are looking at different scenarios that will impact that, trying not to impact on physician or other professionals in that regard, but hours of operation, days of the week, sharing patients back and forth between our health centers as well as possibly other health centers. The problem is going to be one of access or limited access if we were to move forward with this plan.

I could probably go on and try to emphasize the fact that patients are not going to disappear, they are going to end up in the emergency departments of various hospitals and that care is, although it is good care, it is not primary care. Primary care is not gotten in emergency departments. What is received in the health center is true primary care, one that is coordinated, it is connected, you have a primary care physician who knows you and knows all the illnesses or problems that you have experienced and is able to treat all of those experiences.

I could continue to talk probably for an hour over this, but I think those are the major points of my presentation.

CHAIRPERSON FIELDS:
Thank you very much. Mr. Wang.

MR. WANG:
I would like to thank all my colleagues addressing the issue. They have done a very good job; that will save me some time in terms of rehashing what I have to say. I am new to the health center, I am only about four months with the health center. I have already seen most of the things as you mentioned here.

I just want to mention something particularly that affects the Wyandanch area and what I in the health center am trying to do. Prior to my coming there was this vision the health center is situated in the area, people would come as soon as the doors open, people would come to your service and seek service from the health center. I think that is wrong in a sense because I don't think that people really know what the health center is all about. A lot of people that live in the neighborhood they either don't know what that building is all about or they don't understand what the service is that we provide for them. Therefore, it comes down to that although we do have good services there, but nobody knows about it. People are looking for somewhere else to seek services, which they probably get poor quality of services and yet they have to pay out more for the services.

We have changed that around and have been doing actively outreaching to our community and telling them how great of a service, how good we are, and how cheap we are that we can provide these services to them. It has been well received by the neighborhoods and we have seen an increase of patients utilizing our services. Also, we see people are seeking out other services that we provide in our services in the health center that a lot of people don't know about, for instance, the WIC program, the PCAP program that we have the family planning program that we have. A lot of these things actually cost them nothing to get on to these programs and yet they are not aware of it.

In a way I am saying that we are increasing our volumes, we are letting our community know what they have in the community that are really valuable to them and they should take advantage of it. At the same time we received a budget that says no, you guys couldn't do this anymore. Don't even try to go out there and outreach these people because you just have to maintain the service with less to do it. And that is very hard to do because I felt and the mission of the center should be is that we should be offering these services to all no matter who they are. As long as they are in the neighborhood we should reach out to them and let them know these are things that are offered to you and take advantage of it as long as you are eligible, please by all means make use of them. That is all we are going to say. Thank you.

CHAIRPERSON FIELDS:
Are you a doctor, a physician?

MR. WANG:
No. I am an administrator.

CHAIRPERSON FIELDS:
Okay. Dr. Bradley, can I just ask you a question just for an example for the people who are listening about preventative medicine? Just a simple question. You are a physician.

If someone were to come to a doctor's office with a child who has a sore throat, what is the normal treatment that that child would go through?

COMM. BRADLEY:
Well, there would be a history taken to see what, besides the complaint of sore throat, if there was something else going on. Then the physical examination by the provider, and laboratory testing.

CHAIRPERSON FIELDS:
Laboratory testing being a throat culture perhaps?

COMM. BRADLEY:
Yes.

CHAIRPERSON FIELDS:
If it were a very severe sore throat we would consider a throat culture.

COMM. BRADLEY:
Yes.

CHAIRPERSON FIELDS:
And if the throat culture came back, what are the positive diagnosis that we could perceive in a positive throat culture?

COMM. BRADLEY:
The most prevalent and concerning is probably strep throat because there are complications from untreated strep throat so we would treat that strep throat.

CHAIRPERSON FIELDS:
Okay. And if you did not treat strep throat, what is the disease that you can get?

COMM. BRADLEY:
You can get rheumatic fever and other problems.

CHAIRPERSON FIELDS:
And rheumatic fever then also can –

COMM. BRADLEY:
Lead to heart damage, valvular damage, other types of –

CHAIRPERSON FIELDS:
Cardiac problems.

COMM. BRADLEY:
Right.

CHAIRPERSON FIELDS:
That is a simple example of the average person thinking my child has a little sore throat, I am not going to treat my child because I can't get in. I am trying to work to stay off the welfare rolls maybe, and so I am not going to bring my child to the health center because he'll probably just get over it, he has gotten over it before. But what we see is an example of the lack of treatment or lack of preventative – it is not even preventative at that point. It is preventative once the diagnosis is made, but it is a simple example of how benign a sore throat can seem to the average person until you have an experience and realize that that happens, and it happens, I am not going to say frequently, but it happens where strep throat is the diagnosis that people have not even contemplated.

But that is a small example, I think, in medicine of diseases that can happen that people are not aware of and this kind of – and I think as a doctor I asked you the question of how we could sustain this and if we can become – if we can make the health centers exempt, and I am not sure and I have spoken to Counsel about how we can deal with this, not having this happen.

One of the other -- for those people who have not read the paper, there are two issues that have been coming up in newspapers, and if you have been involved in the medical world you are very, very aware of it. Three, I guess. Managed care I truly believe ruining medicine, the second one is the lack of or the inability to hire registered nurses and even LPN's, anyone getting involved in medical care. And then the third and probably the most important, the people who are here, administrators from the hospitals, and that is that because of all of those things, I think, and a few others, the headline said A Tough Year for Long Island's Hospitals. But I have been reading and have witnessed hospitals going out of business and this is not an example of how you can go out of business, you know, by having to absorb cuts that have been mandated to you and this is a mandation also I would think or a mandate.

I think we have just a couple of speakers. Okay, there is questions.

LEGISLATOR FOLEY:
Thank you, Madam Chair. I would like to thank the different hospitals for their testimony. If we can just discuss one particular area of your administration. The Commissioner had made mention of it earlier.

There are different departments, if you will, that if they have to, within the County, if they have to incur a cut they have built into that department turnover savings so that there isn't any, for lack of a better description, live bodies that need to be cut because they have built into the budget proposal (x) number of positions may stay vacant throughout the year.

It is my understanding, particularly with something of a rhetorical question, but it is something that we need to speak about on the record. It is my understanding in particular with Southside and with Brookhaven that you are operating pretty well close to the budgets that you have, and pretty well close meaning that there aren't that many vacancies, that pretty much you have filled almost every position that is in your budget. If I could hear from Ted and from Richard on that particular point. Because what happens with some of my colleagues, they feel – through no fault of their own, they see what happens with other departments where they have built in the turnover savings. I think what we need to hear is how it is somewhat different with our community hospitals vis-à-vis their contracts with the Health Department. So if you could just speak to that issue. Richard, if you could start.

MR. MARGOLES:

In 2000 we spent on our contract within $80,000 of the net contract. That happened for the first time ever. I think the point is that there is no margin in the contract to absorb the three percent or any percent. The cost of labor is going up, the cost of supplies is going up, and the contract does not go up necessarily each year even though there are positive efforts to do that, to be able to absorb some of the operating costs. I know that Brookhaven absorbs certain costs to begin with to be able to continue to provide these services in the health center.

LEGISLATOR FOLEY:
Mr. Jospe.

MR. JOSPE:
We have had a 30 year relationship with the County with reference to provision of these kinds of services. Over that period of time you have the little incremental squeezes, if you will, and you also have an enhanced level of sophistication, both on the part of the County and the part of the hospital to address these kinds of issues. So, at some point in time somebody did discover that hey, you know, turnover savings make a certain amount of sense, they are a reality, so let's include a provision for that in the budget. You then rearrange the way you do things and gradually over time you get to essentially the limits of whatever savings you can wring out of that particular issue.

There have been other issues as well. We for the sake of the relationship and understanding the vagaries and vicissitudes of your ability to pay us what we have agreed upon in the time frame that we've agreed that we will be paid, there has been some give and take in that issue as well.

There was an administrative fee, if you will, that used to attend part and parcel of these contracts. That was sort of if to borrow a phrase, the vigorish, if you will, that the hospitals would receive as a benefit to the hospital for having the contract in the first place. Well, that particular item was scrutinized and it became more convenient for the County to not give us as large a lump sum at the beginning, and that it became even more convenient to give us a smaller and smaller piece of that and ultimately to delay our receipt of it to the point where what was initially offered as an enticement has now been wrung out of the relationship, so we don't receive that benefit for all intents and purposes.

LEGISLATOR FOLEY:
Speaking of vouchers, when you –

MR. JOSPE:
And then there are other issues, as a for instance, that relate to the timeliness of the contract and that has been referred to earlier in testimony. What would be ideal would be to receive the contract in time for you to make as much sense out of it as you possibly could, to sign it, get it in, and get paid from day one for what it is that is agreed to.

For a combination of very complex reasons, that tends not to be the thing that happens, not terribly unlike the fact that in this very fine state of ours there is a constitutional obligation to have a budget that winds up being the budget on the first of April, and to the best of my recollection, out of at least 19 of the last 20 years that hasn't happened for a whole lot of complex reasons. So what we wind up with are extensions, which in an operating perspective tends, and I can't allege this in an absolute, but it tends to penalize us. It is sort of we shake hands that we are going to continue to honor that shingle that I made reference to before that says y'all come and we'll give you care. And so we keep our relationship in tact and we will get around to the details as soon as we can get around to the details. But that tends not to be, generally speaking, on time. Sometimes it is our fault, too, but generally speaking it is the fault, if we can call it a fault, lies on the side of the government.

So to refocus. All of the menu items, the little nuances that they may be one shot deals, they may be whatever you want to call them, have pretty much over the last 30 years been wrung out of the relationship. So now it is tight, it is real tight, and so when you do a little

bit of a tweak you almost have a multiplier effect in terms of what are the consequences and it's a sequela of that little tweak and that is where we find ourselves today.

LEGISLATOR FOLEY:
Thank you. Mr. Margoles, just a follow-up question. As Chair Fields had mentioned earlier, we read it in the newspaper and there is ongoing issues about nursing. For those members of the committee who may not know, there is a protracted negotiations going on with the nursing union, if you will, within the hospital. Is that not correct?

MR. MARGOLES:
That is correct.

LEGISLATOR FOLEY:
And part of the nursing staff is a portion to, if you will, to the health centers. Is that not correct?

MR. MARGOLES:
Nursing staff as well as health professionals.

LEGISLATOR FOLEY:
Okay. So in other words, while at the same time that there is a demonstrated need to recruit new nurses, let alone retain nurses, is it not your belief that a $408,720 cut, would that further complicate the hospital's mission to both recruit if not retain quality nurses?

MR. MARGOLES:
It absolutely will. As I mentioned before, we are all juggling multiple mandates and multiple issues in order to continue to be true to our mission and provide services as well as operate a viable organization.

LEGISLATOR FOLEY:
Thank you.

CHAIRPERSON FIELDS:
Dr. Bradley, we initiated an IDX system I believe last year, or we are still in the process? What is the status of the new computer system?

COMM. BRADLEY:
We went live at Brentwood I believe it was March 4th very successfully and we are hoping to go live at one of the Brookhaven Health Centers sometime in May. It will be rolled out every month or two at the next health center with the patient scheduling, patient billing, patient medical information type system, so that we are basically computerizing the operations of the health centers.

CHAIRPERSON FIELDS:
Was not one of the purposes of purchasing, and I don't know the cost of purchasing the system, but I imagine it was very high, was not one of the purposes to increase revenue for the County in collections?

COMM. BRADLEY:
Yes, to make billing more efficient because we had done it on a paper system before and there was time delays and lags and sometimes we would lose out on private insurance. Medicaid goes back two years, but on the private insurance. So this way by computerizing it would be more efficient.

CHAIRPERSON FIELDS:
The gentlemen who deal with the centers in using the system, if you are employing, and Dr. Bradley, if you are employing people and you now have to have a three percent cut, isn't that going to go into possible billing and people who are working on the machine, on the computers and possibly impact the revenue or the ability to spend a lot of money from the

County to buy the system and then not be able to work the system the way it should to the best?

COMM. BRADLEY:
It could have ramifications in that area, yes.

CHAIRPERSON FIELDS:
So, Mr. Jospe's comment of us shooting ourselves in our body part, we are shooting ourselves in at least a foot. I think – do we all agree? I mean, I am just speaking.

Does anyone else have any questions? Thank you very, very much gentlemen. The Advisory Board, maybe you could all come up together?

MS. SHELLABARGER:
Good morning. I'll begin while the others are gathering because I love a microphone as you all know. I am Marilyn Shellabarger and I am Chairperson of the liaison committee of all of the health centers.

First of all, I want to say that Ted Jospe and I go back a long time before going before the Legislature, and I am so delighted to hear him today. He is so eloquent. He puts that case so well. One of the things that I keep on trying to remind everybody that the most civic minded or conscious minded or whatever hospitals are the ones that have backed the health centers. Not all of the hospitals have, and I won't go into that onerous history. But – and for that you get shot in the foot, so to speak. And I just want to compliment on the hospitals that have been willing to go out on a limb and do what they consider, well Abraham Lincoln's – they really are partners and they are trying to do the best for the people of Suffolk County and I think that it is important.

I also want to say not only do each of us have our own separate problems, but I have mailed a letter this morning to the County Executive. I listened to Mr. Weiss on Monday talk about health and safety being exempted which translated, as far as I could see, into the infirmary, the jail and the police. But I am thinking what is different about the health centers. The health centers are dealing with people. We do not have a County hospital. They shouldn't be cut back. We shouldn't restrict people from using them.

So I have written a letter on behalf of the liaison committee. It took me all week to try to get in touch with everybody and to say that we must exempt the health centers. I know that it just – it would just make things much more logical, if we want to be logical, that the interruption of services – there shouldn't be any interruptions of services. Through the years it has always taken us with these drastic cuts the elimination of services as Mr. Margoles said, have taken us years to get back. And then the cuts do magnify. Projected for next year is zero percent increase for the preparing budgets to go through the cycle which starts now for you guys to look at it in October. There is a zero percent projection. Well, a zero percent from the three percent cut then becomes six percent which creeps up to ten percent because we have wage increases and anyhow, it is really a very slippery slope if you want to say that compounds things. And there is no way that you can maintain this without curtailing services.

Another special case is the east end Amagansett center which has been promised to have its – fully staffed in June. Of course it would be under the Riverhead Health Center. I did want to mention that Amityville and Riverhead do not have hospitals to back them. They don't have the same back-up that the other health centers do. There are people here from the east end I will pass the microphone to them.

CHAIRPERSON FIELDS:
Thank you.

MS. STECK:
My name is Edna Steck. I am Director of Human Services for the Town of East Hampton. We are in a little bit different position because historically the people from our area originally

had to travel to Riverhead to access a health center and then back about 15 years ago our – one of the nonprofit agencies, South Fork Community Health Initiative, which had come out of the old rural health initiative that was taken back in the 1970's when the federal government declared the South Fork a medically under served area. South Fork Community Health Initiative was able to work with the County to come into Amagansett to provide a two and a half day a week adult center as a satellite of the Riverhead Health Center. Our children and our pregnant women had to travel to at least the Southampton Satellite for prenatal care and for other preventive primary care.

Several years ago, in fact probably about eight years ago we felt that we really needed to have a full service primary care center in East Hampton. The town has been providing the space at the Amagansett Center, paying the utilities and paying for custodial services in order for the County to be able to have a place to provide those limited services. The town made a commitment to working with the County in partnership to develop a larger, I don't even want to say expanded, extended service clinic. The town committed to finding space in which to do that.
Over the years, over the last ten years the town has paid out at least $200,000 or more in order to have the center in our town.

We have just committed $600,000 to building a clinic to County specifications ready to open in July. The construction will be completed in June. We have been working with the County in partnership for many years. We have been working in partnership to design this clinic and to design the services that would be provided there to make it a full service, five day a week program with evening hours, with alternate Saturday hours, with pediatric care, adult medicine, and hopefully being able to expand next year to include some prenatal care.

With these cuts and with the flexible hiring freeze, that is not going to be able to happen. We need – at least we're told two R.N. positions and one Medical Assistant position in order to increase what's now being provided to the five day a week program.

I don't think I need to tell you East Hampton has working poor people. We have a large proportion of our population, year round population, that has no insurance at all or is underinsured. We have people who are traveling 40 miles one way in order to get some kind of primary care. So all of the things that everyone else said here today I think applies in our situation and we are concerned about our people having access to care.

CHAIRPERSON FIELDS:
Thank you very much. Next?

MS. MORRISON:
Shirley Morrison, Chairman of the Community Advisory Board for the Riverhead Center and the east end satellites. Our board agrees that the County government should revise its philosophy and consider the health centers exempt from cuts and freezes, but the issue in East Hampton I don't believe should be lumped in with other complaints about the freeze.

If the County backs out on the promise made to East Hampton, this will be an outright betrayal. We are used to being ignored on the east end, but this goes beyond the usual insult. We understand the need to tighten the belt when times are tough, but this is in effect an outstanding bill for services already rendered.

I may be preaching to the choir today, but I hope that you will consider East Hampton a special case and honor the promises that were made.

CHAIRPERSON FIELDS:
Thank you.

MS. SHELLABARGER:
I also want to bring up another issue that has been bothering me as I read through this. No place, when I read about the three percent cut, has there been a promise if revenues get expanded that the cuts would be restored. I don't know how they go about that, but that is

a question that those of us have to wonder about because our experience has been, you know, many years before we creep back up. So that is something that I just wanted to – I guess you can't comment because I don't know where – you know, the cuts come from someplace else. But anyhow, I think it is something that we have to be concerned about.

CHAIRPERSON FIELDS:
It is a good point and Legislator Foley will comment, but I am going to ask that everyone else at least have an opportunity to speak.

LEGISLATOR FOLEY:
It is a very good point, Marilyn.

CHAIRPERSON FIELDS:
Let them finish.

MR. ROMERIL:
My name is Jack Romeril. I am a member of the Riverhead Health Center Advisory Board. I think that I don't think it is appropriate for me to go into details on a number of people that we need to get and the number of things that won't get done, but I want to say it is something that, to reinforce what Chairperson Fields was alluding to a while ago, and that is health care postponed may be just the same as health care denied.

When we don't see the person with the strep throat, we perhaps put a person out with permanent disability, for example, rheumatic fever and heart problems and all that sort of thing that comes. There are many other examples of that sort of thing that can happen because we don't treat people properly and promptly.

CHAIRPERSON FIELDS:
Not to mention the fact that it is contagious.

MR. ROMERIL:
That, too.

CHAIRPERSON FIELDS:
So we haven't even treated the patient and now we are sending them out to infect other people.

MR. ROMERIL:
Very good. Thank you. But at any rate, it seems to me that health care is too important an obligation of Suffolk County to be put in the same category with other things, and there should be some other areas in which cuts can be made so that our health care can be maintained at its present level which I think most of us think as just barely adequate or perhaps inadequate now. Thank you.

CHAIRPERSON FIELDS:
Thank you very much.

MS. GERMAN:
Mary Ann German from Shelter Island, a representative of the liaison from the Health Department. What can I tell you. I have sat here and listened to all these words and all the arguments back and forth, and it is a sad thing to have a commentary like this.

The child is crying, it has got a pain, the mother is trying to soothe him. A teenager, angry, bewildered. A middle-aged adult doesn't know where to go because she might have syphilis, might have something worse. Two elderly people sit holding hands, afraid because they realize their savings are almost gone. They have worked hard all their life, and what is left for them.

Health care in this United States is vital. On the east end – it is a God given right to have good health. And we, as peoples, must help other people. I know it is very difficult for you all to sit there and try and answer all our questions and try and figure out a way of getting

this money back to us.

Our Director, it is a sad thing to put her in a position where she has to pick and chose who gets the help that is vital, that is needed so badly on the east end. As Edna said, the east end is always getting shafted. Why? I guess that is all I have to say. I'm sorry I rambled.

CHAIRPERSON FIELDS:
We are asking the same questions also. Dr. O'Connor.

DR. O'CONNOR:
I am Walter O'Connor. I am representing the MLK Community Advisory Board. You know, the health centers were started with an idea to evaluate and erase the differences that existed between the financially affluent and the financially distressed. There were three parameters, well, there are many parameters, but three parameters that one could look at. One is immunization rates of children and adults now, the infant mortality rate, and the rate of tuberculosis. I am happy to say that the statistics show that there has been a significant and miraculous improvement for the financially distressed to their advantage concerning these three areas, and of course there are many other parameters.

I think we ought to consider the fact that the health centers are taking care of HIV, and I dare say patients will have a little bit of difficulty in obtaining that care in other than health centers. There are over 90 patients attending the Martin Luther King Health Center for treatment, ongoing, of their HIV infection.

I think we also have to worry, although it hasn't impacted yet, about the movement of managed care away from the elderly, the Medicare patients in Suffolk County. I am sure that is going to have a great impact.

And lastly, I would just hope that the recently revitalized outreach program that was started, and which is now affecting certainly on the west end favorably, that this is not going to be threatened and disorganized because of these budget cuts. The budget, I think, as projected with these cuts will have a drastic improper affect on health care in Suffolk County. Thank you.

CHAIRPERSON FIELDS:
Thank you very much. You were going to respond to a question.

LEGISLATOR FOLEY:
Mrs. Shellabarger mentioned earlier about, well reading between the lines, about the economy and about other revenue issues with the County. But that is almost a week to week dynamic. I mean, for instance, with the interest rate cuts at the federal level, that's supposed to be helping the economy, the sales tax is very sensitive to economic trends, and the fact of the matter is where some may think we are now with a possible certain sized deficit at the end of the year, it may be less than that. That being the case, we don't necessarily need immediately to make this kind of cut.

My point is this. When you read in Newsday today where the Budget Director mentions that there is a $140 million projected budget gap, not everyone agrees with that number. It could be far less than 140. And I would submit to you that if by the end of next year it is far – well, that we have a much less of a budget gap, or even if it is 1.7 less than 140 million, my point then is if it is less than 140 by 1.7 million, then we don't need to make these cuts to the health centers.

So people who are using this moving target as to whether it is going to be a projected $25 million deficit this year or a $35 million deficit or a $10 million deficit, those numbers are still out there. They are not certain numbers. Nor is it certain that by the end of next year that we could have a projected $140 million. It is a moving figure. My point is by it being a moving figure, and I believe it is far less than 140, I think we can look in different areas to exempt them from these cuts that are being proposed or carried out as we speak in the first area of defense, if you will, of exemption, would be this particular area of health care.

So, in other words, Madam Chair, no one should be using this projected $140 million gap by the end of the year 2002 as a reason to make these kind of cuts now. I think it is way too premature.

CHAIRPERSON FIELDS:
Thank you. Is there anyone else to speak regarding this cut?

MS. SHELLABARAGER:
I don't know if there is anybody else, but the Advisory Board people have all been here, and I thank you very much. It is a question to me no matter how the projection is, I still think health centers should fall under the rubric of necessary services and be exempt. I know other departments will say the same thing, but this is delivering to the most vulnerable people in Suffolk County. Thank you.

CHAIRPERSON FIELDS:
Thank you. I guess just a real quick comment and then we will get to the rest of the speakers. I believe, truly believe, that if we are going to actually do this, we are going to cost the County a lot more money and I think it's fiscally improper to make these cuts for ourselves. Yes? You need a microphone.

MS. STECK:
What I didn't say before which I would really like to say, is referring to what Marilyn is saying, our point of view is that everything in the Health Department should be exempt from these cuts whether it is in the mental health field as well as the primary health field, alcohol and substance abuse. These really are all health and public safety issues. The people that are seen in the clinics certainly fall into those other categories as well as all of the other things that the Health Department does.

CHAIRPERSON FIELDS:
Thank you. Thank you all for coming. Is Glennie Metz still here? Walter O'Connor did. Sister Jeanne Clark? Come on up. What issue were you going to be speaking about?

SISTER CLARK:
No spraying.

CHAIRPERSON FIELDS:
Then I am going to ask you to wait one second. I think that Legislator Foley has one question for --

LEGISLATOR FOLEY:
Commissioner Bradley, if she would be kind enough to come forward here. Thank you, Commissioner. The revised reduction for the different health centers, have those numbers also been reflected in their budgets? I mean, instead of taking the larger amount, it is the smaller amount?

COMM. BRADLEY:
We haven't given that out to them yet. In writing we have only given them the first number. We just finalized those late yesterday afternoon.

LEGISLATOR FOLEY:
And when it is finalized you intend to show that difference in the bottom line so to speak.

COMM. BRADLEY:
Yes.

LEGISLATOR FOLEY:
Okay.
CHAIRPERSON FIELDS:
Thank you, Dr. Bradley. Laurie Farber?

AUDIENCE MEMBER:
She had to leave.

CHAIRPERSON FIELDS:
Amie Hamlin?

AUDIENCE MEMBER:
She had to leave.

CHAIRPERSON FIELDS:
Elizabeth Benjamin?

AUDIENCE MEMBER:
She had to leave.

CHAIRPERSON FIELDS:
Tonia? Erik DuMont? Is Tonia still here? I'm sorry. I thought I saw you leave before. Come on up. Introduce yourself.

MS. LEON-HYSKO:
My name is Tonia Leon-Hysko, and although I work with a lot of environmental groups, I would like to speak as a private citizen about the no spray law. The gentleman who was a hospital administrator before had said quoting Abraham Lincoln that the government is to do for the people what they need and require and that they can't provide for themselves. In the case of spraying for mosquitoes and West Nile virus, I believe that the government is providing a service that we don't need, don't require and many of us are fearful of.

Now, I respect the people who believe that we do need this. But, the people who don't want it for medical reasons, health reasons, dietary, humane, environmental, scientific or religious reasons are having their civil rights trampled on. Because once the spray is there we have no choice, and the basis of our government is democracy. In China there are dictates of the government and people have no choice. When the government provides the so-called service, they are depriving us of our natural rights as citizens.

And so I speak in support of the law to have at the very minimum people have the right without medical notes to be on a no spray list, and I say from a civil rights viewpoint, this law is minimal. I live in Huntington and Carl Marcellino, a Conservative Republican who is our State Senator, has sent out information in the last year about how we can avoid using pesticides. A Conservative who has gone through the trouble to educate his constituency because he cares to lead, to educate those people who may not be aware, who in all good will think they are supporting and helping us on an unscientific basis having decided to spray, to use sprays that are not only toxic, but haven't been proven in any way to be effective in countering the mosquitoes. In fact, the mosquitoes build up a resistance. They haven't been proven to be benign to the general public in either short or long-term.

I have a question. Is anyone aware of how much the spraying for West Nile virus is budgeted for this year? Or approximately?

CHAIRPERSON FIELDS:
We can get an answer for you, but we don't actually have that. Maybe Dominick Ninivaggi can share his expertise on that matter.

MS. LEON-HYSKO:
Do you know a ballpark figure? In any case, let me say as an ordinary citizen, commonsense, basis of our nation, save the money from the spraying. Use it for the real needs which are the public health needs. Thank you.

CHAIRPERSON FIELDS:
Thank you. Erik DuMont.

MR. DUMONT:
My name is Erik DuMont. I am the Long Island Program Coordinator for Citizens Campaign for the Environment. I am going to be reading several comments that organizations asked us to read into the record, and they apologize for not being able to be present today. All of these organizations are members of the Alliance for Safe Alternatives to Pesticides.

The first one from Huntington Breast Cancer Action Coalition, President Karen Miller and representative Laura Weinberg. "The Huntington Breast Cancer Action Coalition is in total support of the no spray list. As one of those 2,000 Long Island women diagnosed annually with breast cancer and as the President of Huntington Breast Cancer Action Coalition, I have always been very appreciative of Suffolk County Legislators' wisdom in enacting legislation that supports the elimination of toxic chemicals from our environment.

Besides increasing the risk of numerous types of cancer among all ages, toxicity of the air we breathe impacts the overall health of our children. I know I am speaking on behalf of mothers everywhere and I beg you to give us a choice. We are all in agreement that further research is necessary to expand the effective use of non-toxic alternatives for mosquito control. Until such time, those who consider themselves and their families to be sensitive to toxic pesticides must have the option to be able to say no spray here.

Huntington Breast Cancer Action Coalition urges the Suffolk County Legislature to provide for the no spray list based on the following concerns. One. The New York State Department of Health recently documented that all pesticides are inherently toxic, and that no pesticide exposure can be considered safe. Two. Children's growing bodies are most vulnerable to pesticide exposure. Even a single exposure to pesticides during a critical window of vulnerability, such as puberty, may cause acute or long-term health problems especially in children. Please note also that the New York State Department of Health has emphasized in their 2001 state plan that children are at low risk of becoming ill from West Nile virus. Three. The pyrethroid pesticides used for mosquito control are low doses and were found to mimic estrogen which increased breast cancer cell growth in a 1999 Mt. Sinai study. This means that women who have estrogen positive breast cancer which entails two-thirds of all breast cancer cases, may be exquisitely sensitive and at extreme risk when exposed to pyrethroid pesticides.

There is also a large population of people including children in Suffolk County that are undergoing chemotherapy and should have the choice of not having their property sprayed when they are in such a vulnerable state.

Since pesticides have been linked with birth defects, pregnant women represent another sensitive population who should avoid pesticide exposure which may be harmful to the developing fetus. During the seventh week of gestation, breast cells are growing and a potential endocrine disrupter like anvil at low doses may place the unborn fetus at risk of getting breast cancer later on in her lifetime.

People with asthma, respiratory problems, or neurological diseases such as Parkinson's, should also have the choice of being on the no spray list since pesticide exposure has also been known to aggravate these conditions.

Finally, no one, including the State Health Department, can tell us what is in the inert ingredients of these pesticide formulas used for mosquito control since they are manufacturer's trade secrets. The inerts, which compromise most of the pesticide products, such as anvil, which is 80 percent inert, are in most cases even more toxic than the active ingredients.

Since no public heath official can assure of the pesticides being used for mosquito control are safe and will not cause complications for our health, the choice of being sprayed or not should be in the domain of the resident, as has been successfully done in Texas and Massachusetts.

The above information has been compiled by Karen Miller and Laura Weinberg."

The next one I would like to read is from the Brentwood/Bay Shore Breast Cancer Coalition, President Elsa Ford. "Honorable Sirs and Madams. The Brentwood/Bay Shore Breast Cancer Coalition urges the passage of Suffolk County Resolution 1292-2001 to direct the Suffolk County Department of Public Works to maintain a no spray list for pesticide applications.

We were founded out of concern for environmental toxins in our community, and our interest and opportunities for prevention of harm. For this reason we choose to avoid exposure, especially at the place where we live.

In my case, I have lived pesticide free for 40 years of Brentwood home ownership. My family and I have enjoyed generations of beneficial insects that thrive while protecting our plants, the praying mantis, ladybugs, bees and worms, etceteras, go through their cycles and reliably appear in season. Birds and other wildlife either stay or return to feed safely. Our place is as much a home to them as us. We are confident that the vegetables that we grow, eat and share with others are toxic free. We take our responsibility to maintain our property so that it does not provide pools of water for mosquitoes very seriously.

We and other likeminded residents should be able to put our name and address on a Suffolk County no spray list in order to follow a lifestyle and keeping with our beliefs. Sincerely, Elsa Ford. Brentwood/Bay Shore Breast Cancer Coalition President."

The third letter I'll read is entered from the One in Nine the Long Island Breast Cancer Coalition, President Gerry Barish. "This memo of support for resolution 1292, known as a no spray list, is of great importance to the future of every citizen. We must protect the most important commodity we have, our children and the right to choose.

Twenty-nine years ago my dog and children were directly sprayed with chemicals and pesticides. A neighbor hired a company to kill off the fruit from their trees in their backyard. The spray came directly onto my yard where my dog was running. My windows were open and the children were covered with white spray.

I firmly believe my son developed cancer and died because of the direct spray and the asthma that my other son suffers from. The loss of my dog from cancer, my own breast cancer, are attributable factors because of that spray. I was not given the choice.

We at the Long Island Breast Cancer Action Coalition, One in Nine, fully support resolution 1292. Thank you. Gerry Barish, President."

Amie Hamlin has also asked that since she was unable to stay that I could read this for her. Amie Hamlin is the Director of the Long Island Chapter for New York League of Conservation Voters.

"In the early 1960's DDT was sprayed extensively in areas of Suffolk County for the purpose of mosquito control. It was felt at the time that DDT was safe and a real service was being provided to the residents of the County. In 1972, DDT was banned. It nearly caused the extinction of ospreys, and mapping projects showed a relationship to DDT spraying and breast cancer cases. Areas in Islip, Bellport and Brookhaven had high rates of breast cancer. These are the same areas that were extensively sprayed with DDT.

Now, if people don't want their properties to be sprayed they must have a doctor's note. Even then there is no guarantee that their home will not be sprayed. We believe that residents have the right to not have chemicals sprayed on their property by the government. People should be able to choose a healthy lifestyle that includes taking preventative measures, which includes avoiding exposure to chemicals where long-term synergistic effects are not known and where we know short-term effects can occur. Less there be any concern about health emergencies, the bill allows the list to be null and void in the case of a health emergency.

Therefore, the League believes that the no spray list bill provides to Suffolk County residents a right which by virtue of being citizens of a free country they should be afforded without removing the ability of the government to act in a true health emergency. Thank you."

And also I would just like to apologize on behalf of the Long Island Sierra Club. Laurie Farber, the Conservation Chair, she represents Long Island 6,000 Sierra Club members. She says the Sierra Club is in support of Resolution 1292 as well. Thank you.

CHAIRPERSON FIELDS:
Thank you very much. I saved you for last, Adrienne. Come on up. Oh, Sister, I totally went right by you. I'm sorry.

SISTER CLARK:
Hi. My name is Sister Jeanne Clark. I am a Dominican Sister and I am here to support this legislation, wonderful legislation, and I think very far reaching. I represent Sophia Garden. It is an organic garden, community supported organic garden in Amityville at the Mother House of the Dominic Sisters.

Community supported gardens mean that people in the neighborhood support the garden, the budget of the garden, because they want to have clean food. They want food without chemicals because we are all beginning to understand the connections with cancer. And of course Sophia Garden also believes, its mission statements says that the human community and the natural world are one sacred community. We are also beginning to understand that when you spray things it goes into the water and into the soil, and so we try to nurture the soil there at Sophia Garden and to protect the water systems.

This is supported by – we have 70 members. We are only farming on one acre of land. And so we want to support this because we believe we have a right to chose that we have food without chemicals, that we personally are not sprayed with chemicals, and especially for the future generations. The person who talked about the osprey, I was recently out on the north fork and it is a sign of hope when you see all of them out there and all the new ospreys that are going to be born. Some Legislature at one point in our history said no to DDT and I think we are at a point today where we are going to say no. We are going to say no to chemicals being sprayed on people, on pests, that we consider pests are sometimes beneficial insects. No to spraying it on soil and into the water. And so I just congratulate this Legislature for this fine bill and I am hoping and praying that it will be passed. Thank you.

CHAIRPERSON FIELDS:
Thank you. Adrienne.

MS. ESPOSITO:
Good afternoon, Legislators. Adrienne Esposito, I am with Citizens Campaign for the Environment. As you may know, we are a Statewide environmental lobby organization with 80,000 members across New York State, 40,000 members which reside here on Long Island.

We are here to ask you to vote yes on Resolution 1292, the no spray list bill. And I am not going to talk about the problems with pesticides. Actually what I would like to just mention briefly is the fact that this legislation is reasonable, it is doable, and frankly, it is practical. It is legislation that allows some measure of equity for those people who choose not to be sprayed with pesticides. It is a reasonable way to fulfill people's strong desire to not be sprayed.

The second point is that also I think would be very beneficial to us as a County. You may know better than anybody else that there is a growing anxiety and stress level among the public about all the pesticide spraying. So this would provide some measure of relief for members of the public who do not want to be sprayed.

Also, this bill sends the right message to the public. It is a message that the government is not in the business of forcing people to have their property sprayed with pesticide if the member of the public chooses not to. It also sends the message to the public that people

who do not want to be sprayed are equally valued as those people who may choose to maintain being in the pesticide spraying program. And so basically we think it is a step in the right direction to providing balance to members of the public who are seeking the relief from being chemically sprayed.

Also, as I am sure you are aware, this wouldn't be a new program to Suffolk County, but rather it is expanding an existing program. We already have a no spray list where people can get in if they have a doctor's note. Well, we would like that expanded to all people. So if it is already done on one level, it is just needed to be taken up to the next level.

We have engaged organizations, started last week, engaging in a grassroots effort to talk to the public about this particular outlet piece of legislation and we are finding overwhelming support on the part of the public to have the right to choose whether or not their homes or their properties are sprayed. And so we would ask you on behalf of our members and the public to vote yes on the no spray list bill. Thank you.

CHAIRPERSON FIELDS:
Thank you. Does anyone else want to comment about this legislation? Dominick, would you like to come up?

MR. NINIVAGGI:
Good morning.

CHAIRPERSON FIELDS:
Good afternoon.

MR. NINIVAGGI:
Good afternoon, you are right. I am Dominick Ninivaggi. I am the Superintendent of Vector Control in the Suffolk County Department of Public Works. Public Works has the responsibility for conducting the mosquito control program.

We have a few comments about this bill and some serious concerns and reservations about whether this is desirable or practical.

LEGISLATOR FOLEY:
Do you have written comments for the committee?

MR. NINIVAGGI:
We have written comments, I don't have a copy here, that was passed along through the chain of command. I have come up with some additional things also.

CHAIRPERSON FIELDS:
We can make photocopies for the committee if you like. Do you have only one copy or can you give a copy to – thank you.

MR. NINIVAGGI:
One of the things that in reviewing this law here concerns me a great deal is that it seems to be there is some confusion in this as to whether it applies only to adult mosquito control or to larval mosquito control. I think we all need to understand that it is absolutely critical that larval control be conducted wherever mosquitoes breed because if you don't control mosquitoes in the larval stage, they fly out, they infest larger areas and they create an additional need and demand for adult mosquito control which most of us would recognize should be the last stage of mosquito control. So that certainly needs to be clarified.
I think that what's lost in this is that we need to be reasonable in both directions in terms of looking at mosquito control. Mosquitoes have long been recognized as a public health threat and is a serious issue in Suffolk County. I think that we should not minimize this. While we could agree that West Nile virus is not as serious as some other mosquito borne disease, it is certainly a serious illness. Mosquitoes are certainly a serious problem in many communities when despite all the preventative work we do they become adults and start to infest an area. I think that if people are living in an infested area, I think that they are entitled to

some relief from that and I think that we should take some reasonable measures to do that.

We have heard a lot of comments about the dangers of pesticides in general and about pesticides such as DDT that we stopped using 35 years ago. We haven't heard a lot about pesticides that we use today and I will point out that if you look at the Federal Centers for Disease Control, which is part of Health and Human Services and the US EPA, which is responsible for pesticide regulation, what they have said in a joint statement regarding use of pesticides for mosquito control is that these materials when used according to label directions do not pose unreasonable risk to human health and the environment. I think that we should all keep these things in mind, that we need to strike a reasonable balance.

You will have the written comments here. The only thing I would amplify on that would be that in terms of equity, we need to understand that if a person goes on this no spray list, they are not only keeping their particular property from being treated, they are also keeping all their neighbors within 300 feet from being treated. So again, they are not just affecting themselves, they are affecting their neighbors. So we are giving extraordinary powers to individuals to affect neighboring landowners. This is something to be considered very closely. We don't treat an area in response to an individual complaint, we look at the totality of the information, but we could give individuals the authority to counteract our professional judgement and our assessment of the need there.

CHAIRPERSON FIELDS:
But Dominick, just let me ask you just on that note. Aren't we also reversing that by doing the opposite? Aren't we saying okay, I don't want to be sprayed and you are giving the power to the person who doesn't want to be sprayed, but then by not having that, you are giving the power to the person who wants to be sprayed against the person who doesn't want to be sprayed. In both respects we are empowering –

MR. NINIVAGGI:
We are not empowering the individual who wants to be sprayed. We are empowering County government based on the will of the Legislature and the other elected officials to evaluate a situation and if there is a community-wide problem, a community-wide response is warranted. We are not – we don't just treat an area because a person happens to complain. That is only one of many things that we look at.

CHAIRPERSON FIELDS:
Legislator Haley.

LEGISLATOR HALEY:
That is where I was going. When I think about the practical effect of a series – a number of individuals, could be 200, could be 500, could be whatever that might be, there is two problems. One that you just mentioned, because I know that we review this from a public health perspective. This isn't just a typical service do you want it or you don't want it, it is a public health service in that we've been able to measure over the years that the mosquito population on Long Island, an increased population could have an affect on public health. So from a public health perspective or policy perspective, we have decided over the years to do spraying.

Now if you take whatever that number might be, 200, 300, 5,000 people who decide that now I don't want this, it can have a profound affect when you start adding those 300 foot diameters. It could have a profound affect of number one, undermining the total effectiveness of the public health program, number one. And number two, the question that I have as a follow-up is how does that when you all of a sudden now take and you have got all of these spotted areas throughout the County that no longer can be sprayed because of all of these individuals, could you tell me two things. How does that affect you budgetarily?

MR. NINIVAGGI:
First of all, this law, as it is proposed, is not a trivial exercise. It is not a simple and easy thing to do, to implement. Right now as was mentioned, we do maintain our no spray list. It is based on people like beekeepers and people who have a documented medical problem,

and those people, that list is around 300 names or so, and that is a relatively manageable number of people to do it with.

If we open this up to anybody who would like to be on it, number one, your for instance what if all 40,000 members of Citizens Campaign for the Environment chose to sign up for the no spray list. We would be completely unable to even maintain the list to know whether there are any no spray people in an area that needs to be treated. We would need clerical staff, we would need upgrades to our data systems.

In some cases I am not sure that any of this – some of these things could even be done at all. For instance, the requirement to avoid areas of quarter mile radius that have more than 25% no spray list members. That is not a trivial exercise in geographic information systems. It requires a great deal of information. I have talked with people who are aware of what our capabilities are and I can tell you we could not do that with our current capabilities. We could not identify those areas with our current capabilities, and if we could identify those areas, we could not avoid them with the current technology that we have in our guidance on the spray aircraft. This is something that sounds very good to somebody who is not involved in the day to day, nuts and bolts aspects of how you get these things done.

For instance, even if this no spray list was in the order of two to 3,000 names, those people would not call us in January or February when we have a more normal workload. Those people would call us during the spray season which is the same time that we are receiving anywhere from 3,000 to 6,000 requests to spray. I have no idea how office staff could possibly cope with that increase in clerical workload, work by our GIS technician, work by myself with our biologist to implement this.

I think we need to think in terms of what is really the best use of our resources. What is the best way to do the best possible job on this. In a lot of ways work on this is not going to affect the mosquitoes at all and it is also not going to affect our ability to reduce adulticide spraying. Bear in mind that we are under a hiring freeze and request for cuts. To use our resources to control mosquitoes at their source, using things like the bacterials and insect growth regulators, using water management, and preventing the need for treatment for adult mosquitoes in the first place.

I think that this is not a trivial exercise. I think that we should not exaggerate the problem that we are dealing with here, and we should consider the total mosquito problem and the total best way to use our resources.

LEGISLATOR HALEY:
Dominick, thanks for the long answer.

MR. NINIVAGGI:
Sorry.

LEGISLATOR HALEY:
It is okay. I want to imagine a grid. Let's take a grid, ten across, ten down, if there is 100 squares on this grid. Okay, now when we – what the average person should know is that we don't – if we take that grid, we don't typically spray the entire grid. We spray those areas, it could be grid down in the middle, it could be a grid along the edge. We spray a grid that is significant to us because you may find through your measurements that there is a tremendous amount of adult mosquitoes and that your ability to attack those specific grids are important because you don't have to spread to the other grids. You don't have a proliferation of adult mosquitoes because you have targeted that grid.

Now, if you take a couple of no spray requests that happen to hit that significant grid, that could have a profound effect on your ability to operate in that grid. It creates a no spray, not a no spray person, it actually creates a no spray zone and that particular zone or grid might be the particular area that needs that adult spraying, where heretofore in every other area we are trying to prevent even having getting to that point to spray. Do you think that is

an appropriate characterization of what might be a significant problem when we look across the entire – excuse me. You know, I have been sitting here for two and a half hours and I have been very well behaved, almost three hours. I do sit in the back and I listen to all the redundancy that goes on for two hours. I think I have a pretty good picture of what the people have represented themselves here today, what their wants and needs are. I don't think it was difficult to assess. I assessed that within 30 minutes. Excuse me.

Would you agree that is an effective characterization of the problem with creating what is not just a no spray on an individual's property, but no spray zones because it could have a profound effect on those particular areas.

MR. NINIVAGGI:
We set spray boundaries based on natural boundaries, where there is the heaviest infestation, where there are people affected by that infestation and we use natural boundaries like major roadways, creeks and rivers, you know, those sorts of things.

Mosquitoes don't respect property lines. If you take a few houses out of the treatment area, those mosquitoes, number one, will continue to bite the people in the area that do want to be treated, and number two, they will then go out and reinfest the area that you just treated again. You could get to the point where it is not worth treating an area at all. You are not going to get a good result. I think that we should be very careful about degrading the effectiveness of the program to the point that you are not going to get any good results for your efforts because we do prevent mosquitoes. We work very hard at that, but despite everything we do, sometimes the mosquitoes get out of hand and they can be a problem. I think that allowing areas to go untreated is not good mosquito control policy and that is why the public health laws are written the way they are.

LEGISLATOR HALEY:
Thank you. Thank you, Madam Chair.

CHAIRPERSON FIELDS:
You're welcome. Dr. Bradley, can we ask you your opinion on this bill?

DR. BRADLEY:
I am going to have to defer to Dominick since he does the operational part in terms of emergencies where we have a risk of transmission of disease there is an exemption for those type of circumstances. So really, the bulk of it falls on Dominick.

I share with him some of his concerns about operationally how he would do this, you know, in terms of staffing issues as well as –

CHAIRPERSON FIELDS:
How do you do it, though, when it is a health situation where someone can't be sprayed because of their health needs?

MR. NINIVAGGI:
Well, we do that for one thing. Because our list is relatively small, what we have found is that if there is a health risk there might be two or three, maybe a dozen people in that treatment area, that is a manageable number and we'll actually take the trouble to call them and then they can do things like closing windows, staying indoors during the treatment, and this is a low toxicity, low residual, low dose aerosol. This is an aerosol that is in the air, it dissipates very rapidly, it breaks down very rapidly, and you can avoid the treatment in that manner. That has worked very well for us.

CHAIRPERSON FIELDS:
What about asthmatics? I mean, some people have testified that the spray does adversely affect them. I am just trying to look at it this, you know, for both sides. I mean, if you do have a public health need to spray for mosquitoes and it is an emergency, then that is what it is. But when you don't have the need and it is sprayed the way that it is from time to time, the people who are compromised in some way because of their health, how does this

affect them when they are sprayed and probably shouldn't be sprayed?

MR. NINIVAGGI:
Well, first of all, if people have a documented medical problem they can go on the no spray list now. Dr. Bradley could respond better than me to what would happen if a person happened to breathe the aerosol who is compromised, but I think we also have to make the point that by notifying people, and we do a lot of work to notify people, they can avoid that aerosol. That aerosol does not stay in the air for very long and we try to do this at times when people are indoors so there are a lot of measures that people can take to very, very minimize their exposure to these materials, and we choose these materials based on low, low doses, low toxicity, and low persistence in the environment, precisely to address these kinds of things. I think it has worked very well for us and for the people involved.

LEGISLATOR HALEY:
Dr. Bradley, I mentioned earlier about the public health issue. I mean, there is a policy here from a public health perspective to deal with mosquitoes. Is that correct?

COMM. BRADLEY:
Correct.
LEGISLATOR HALEY:
Would you say that if we going back to my grid analysis there is a possibility of those particular targeted areas not being sprayed that could have an effect of spreading the adult population of mosquitoes outside of that grid area to other areas of the County.

COMM. BRADLEY:
If he has an area that he has identified that the numbers warrant spraying and he does a patchwork approach, clearly there is a risk that it could be spread beyond that.

LEGISLATOR HALEY:
Thank you.

COMM. BRADLEY:
One option that we have talked about, and again, operationally I am going to have to leave that with him, is for those people that don't have medical reasons but are concerned, it would be nice to be able to call them. I mean, we do large scale notifications. We do the website, we do the hotline, we put out press releases. It might be a nice thing if we can call individuals that want to be called. But again, I don't know that he has got the staff to be able to do that.

MR. NINIVAGGI:
I think that that is one of the things that we are looking at in the long-term in public notification. I think that some new technologies are coming along that we are looking into, for instance, automated telephone systems that could be hooked into our GIS. We could move in that direction.

I think we all need to understand that these things cost money. They cost time and effort, and they don't get implemented on a dime. These things, anybody who tries to buy things through the County purchasing procedures will know that if we wanted to buy an automated phone system and do all these things, upgrade our software, we would be very lucky if we had it all in place by this time next year. Again, there are certain practicalities we need to keep in mind.

CHAIRPERSON FIELDS:
I, though, that for the letter that was read earlier, the One in Nine letter in particular -- but they all refer to the same kind of thing. You are talking about these efforts cost money. But if indeed we are finding that pesticides are causing breast cancer, for instance, and we are allowing the spray to go on, I mean, this is a no spray for certain people, it is not to do with no spraying at all. But what I am saying is if we are saying that ultimately we might find out that pesticides are the cause of breast cancer, then really we are saving money by not spraying. I mean I am just – you know.

MR. NINIVAGGI:
If you think that we should not use these materials at all, as you said, that is an entirely different issue and it is something that you as Legislators would have to look at very carefully because again, Suffolk County has a severe mosquito problem and we cannot deal with that entirely on a preventative basis.

CHAIRPERSON FIELDS:
But we also have a severe breast cancer problem. Do you know what I am saying? We don't –

MR. NINIVAGGI:
We go back again to the authorities on this issue such as Health and Human Services and EPA, and their judgement on this is that this is not a significant risk to the public health.

I would also remind you that there are areas in Suffolk County where we are not allowed to do any mosquito prevention at all, such as out on the National Seashore. Again, those mosquitoes do not stay there and we have no option whatsoever to deal with those mosquitoes other than using adult control materials. I think that we need to keep in mind that while we try to minimize the adult control part of the program, I think for the foreseeable future it is a necessity in a County like Suffolk.

But I would like to get back to when I reread this law today, it is not clear at all that this law applies only to adult control materials. It would be absolutely disastrous to allow people to exempt areas from larval control because a single acre of breeding habitat for salt marsh mosquitoes can infest several hundred acres of residential areas. So the larval control is absolutely essential, and again, we are talking about bacterials and insect growth regulators.

CHAIRPERSON FIELDS:
Well, I think we do have to direct that question at the sponsor. I don't think we can go back to you. I think, unless anyone else has any questions, we can get on to the agenda. Thank you Dr. Bradley, and thank you, Dominick.

TABLED RESOLUTIONS

I.R. 1135 Amending the 2001 Operating Budget and appropriating funds to implement Osteoporosis Testing Program in Suffolk County. (Postal) ** Budget Committee Prime **

LEGISLATOR POSTAL:
Motion to table.

CHAIRPERSON FIELDS:
Second the motion. All in favor? Opposed? Tabled. **(Vote: 4/0/0/0)**

I.R. 1197 Adopting Local Law No. – 2001, a Local Law to ban sale of mercury thermometers in Suffolk County. (Cooper) Environment, Land Acquisition & Planning Prime Committee.

LEGISLATOR POSTAL:
Motion to table.

CHAIRPERSON FIELDS:
I think I would make a motion to defer to prime since we are not the prime it looks like.

LEGISLATOR FOLEY:
Second the motion to defer.

CHAIRPERSON FIELDS:

All in favor? Opposed? Deferred to prime. **(Vote: 4/0/0/0)**

INTRODUCTORY RESOLUTIONS

I.R. 1271 (P) To amend RFP Committee process for Plum Island Health and Environmental Risk Assessment by changing response date. (Caracciolo)

I will make a motion to approve.

LEGISLATOR POSTAL:
Second.

CHAIRPERSON FIELDS:
Seconded by Legislator Postal. All in favor? Opposed? Approved. **(Vote: 4/0/0/0)**

I.R. 1288 (P) Extending "Lend A Helping Hand Program" for victims of Breast Cancer. (Postal)

I'll make a motion to approve.

LEGISLATOR POSTAL:
Second.

CHAIRPERSON FIELDS:
Second by Legislator Postal. All in favor? Opposed? Approved. **(Vote: 4/0/0/0)**

I.R. 1292 (P) Directing the County Department of Public Works to maintain a "No Spray List" for pesticide applications. (Cooper)
LEGISLATOR HALEY:
Motion to table.

CHAIRPERSON FIELDS:
We have a motion to table by Legislator Haley. Do we have a second?

LEGISLATOR FOLEY:
Second the motion for the purposes of discussion.

LEGISLATOR HALEY:
Thank you. It is rather obvious until they clear up the language concerning the larvae situation I think it is appropriate, and you mentioned, it was one of your last comments, Madam Chair, that the sponsor of that address at least that issue if not the entire issue of how it affects a major public health program.

LEGISLATOR POSTAL:
Madam Chair.

CHAIRPERSON FIELDS:
Legislator Postal.

LEGISLATOR POSTAL:
On the motion to table. I would ask the sponsor if he would be willing to consider a motion to discharge without recommendation in the hopes that we can get answers for Tuesday's meeting.

LEGISLATOR FOLEY:
I'll second.

LEGISLATOR POSTAL:
I would make that motion if he would reconsider on his tabling motion.

CHAIRPERSON FIELDS:
The sponsor is not here.

LEGISLATOR FOLEY:
Madam Chair, I will withdraw my seconding motion to table and we'll second the motion to defer to prime – rather to discharge without recommendation in order to have – but at the same time – well, with the understanding that the sponsor of the bill, Legislator Cooper, will answer a very important question raised by Mr. Ninivaggi of whether this bill includes both adulticide as well as larval control. And depending upon that answer will depend on how I vote on Tuesday. But I think it is important that we do move it out and then depending upon the answer on Tuesday is whether or not the majority of the Legislators will support it at that time. So I second the motion to discharge without recommendation.

CHAIRPERSON FIELDS:
All in favor? Opposed? Discharged without recommendation. Mark Legislator Haley as opposed. **(Vote: 3/1/0/0 Opposed: Legislator Haley).** And we are approving that discharging without recommendation.

I.R. 1306 (P) Approving the reappointment of Charles V. Wetli, M.D. as Chief Medical Examiner. (County Executive)

Motion to approve by Legislator Haley, second by Legislator Foley. All in favor? Opposed? Approved. **(Vote: 4/0/0/0).** I will mention that Dr. Wetli was going to try to appear today, but Dr. Bradley told us that he was unable to. Normally what we do try to do is have either appointments or reappointments appear before the committee.

I.R. 1333 (P) Appropriating funds in connection with the Public Health Nursing Patient Records system (CP 4065). (County Executive)

LEGISLATOR POSTAL:
Motion.

LEGISLATOR HALEY:
Second.

CHAIRPERSON FISHER:
Motion to approve, second by Legislator Haley. All in favor? Opposed? Approved. **(Vote: 4/0/0/0)**

I.R. 1334 (P) Appropriating funds in connection with the Patient Care Health Clinic Information System (CP 4061). (County Executive)

LEGISLATOR POSTAL:
Motion.

CHAIRPERSON FIELDS:
Motion by Legislator Postal, second by Legislator Haley. All in favor? Opposed? Approved. **(Vote: 4/0/0/0)**

SENSE 22-2001 Memorializing Resolution requesting United States Department of Energy to fund Peconic Clean-Up Oversight Committee laboratory testing. (Bishop). Environment, Land Acquisition & Planning Prime Committee

LEGISLATOR HALEY:
Motion.

CHAIRPERSON FIELDS:
Motion by Legislator Haley. Second by Legislator Foley. All in favor? Opposed? Approved. **(Vote: 4/0/0/0)**

SENSE 27-2001 Memorializing Resolution requesting State of New York to license and regulate assisted-living facilities. (Fisher) Veterans and Seniors Prime Committee.

LEGISLATOR POSTAL:
Motion.

CHAIRPERSON FIELDS:
Motion to approve. I will second this one. All in favor? Opposed? Approved. Mark Legislator Haley down as abstaining. **(Vote: 3/0/1/0 Abstention: Legislator Haley).**

Motion to adjourn. Thank you.

(The meeting was adjourned at 1:20 p.m.)

{ } denotes spelled phonetically